

Case Number:	CM13-0009458		
Date Assigned:	11/08/2013	Date of Injury:	04/20/2011
Decision Date:	04/30/2014	UR Denial Date:	07/10/2013
Priority:	Standard	Application Received:	08/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 61-year-old male with a 4/20/11 date of injury, anterior/posterior L3 to S1 decompression and fusion 6/13/13. At the time (6/26/13) of request for authorization for motorized chair lift, there is documentation of subjective (severe pain in his right anterolateral leg) and objective (decreased right Iliopsoas strength) findings, current diagnoses (anterior/posterior L3 to S1 decompression and fusion and cervical spondylosis), and treatment to date (surgery and medications). There is no documentation that the requested durable medical equipment (DME) can withstand repeated use (could normally be rented, and used by successive patients) and is primarily and customarily used to serve a medical purpose.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MOTORIZED CHAIR LIFT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) KNEE, DURABLE MEDICAL EQUIPMENT (DME)

Decision rationale: MTUS does not specifically address this issue. ODG identifies documentation that the requested durable medical equipment (DME) can withstand repeated use (i.e. could normally be rented, and used by successive patients) and is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, as criteria necessary to support the medical necessity of durable medical equipment. Within the medical information available for review, there is documentation of diagnoses of anterior/posterior L3 to S1 decompression and fusion and cervical spondylosis. However, there is no documentation that the requested durable medical equipment (DME) can withstand repeated use (could normally be rented, and used by successive patients) and is primarily and customarily used to serve a medical purpose. Therefore, based on guidelines and a review of the evidence, the request for motorized chair lift is not medically necessary.