

Case Number:	CM14-0219241		
Date Assigned:	01/09/2015	Date of Injury:	08/29/2008
Decision Date:	03/17/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/31/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

CLINICAL CASE SUMMARY

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

The injured worker is a 55-year-old male, with a reported date of injury of 08/28/2008. The diagnoses include low back pain, knee joint pain, and wrist pain. Treatments have included a cane, and oral pain medications. The progress report dated 11/24/2014 indicates that the injured worker continued to have bilateral knee, bilateral wrist, and low back pain, with radiation to the lower extremity. He was unable to get up from a chair without help. The injured worker lost his cane, and needed the cane for support while walking. He rated his pain 6 out of 10 with medications. The physical examination showed normal gait, very limited range of motion of the head and neck, mild tenderness to palpation of the lumbar spine, mildly limited range of motion of the lumbar spine, tenderness to palpation of the bilateral wrists, and no marked weakness in the bilateral lower extremities. The treating physician requested a power lift recliner chair, because the injured worker asked for a chair to help boost him up so that he does not spend all day sitting while his wife is at work. On 12/30/2014, Utilization Review (UR) denied the request for a power lift recliner chair, noting that the injured worker had normal muscle strength in all four extremities, and there were no physical reasons to require a powered recliner chair. The Non-MTUS Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Power lift recliner chair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Wheelchair; Power mobility devices (PMDs)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Power mobility devices. <http://www.odg-twc.com/index.html>

Decision rationale: According to ODG guidelines, Power mobility devices < Not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient has sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair. (CMS, 2006) Early exercise, mobilization and independence should be encouraged at all steps of the injury recovery process, and if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care>. There is no clear evidence that the patient mobility deficit cannot be controlled with a cane or walker. In addition, the patient had normal muscle strength in all four extremities and there is no clear need for a Power lift recliner chair. Therefore, the request is not medically necessary.