

Case Number:	CM15-0011939		
Date Assigned:	01/29/2015	Date of Injury:	11/13/2002
Decision Date:	03/30/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/21/2015

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 67-year-old male who reported an injury on 11/13/2002 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to his left knee, thoracic spine, and lumbar spine, and developed compensatory right knee pain. The injured worker underwent a total knee arthroplasty on 11/25/2014. The injured worker was evaluated on 01/14/2015. It was documented that the injured worker complained of 9/10 pain. Physical findings included restricted range of motion secondary to pain of the lumbar spine. The injured worker's treatment plan included physical therapy. A request was made for a lift chair. No justification for the request was provided. No Request for Authorization form was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lift Chair Mechanism: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg Durable medical equipment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Durable Medical Equipment

Decision rationale: The requested lift chair mechanism is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address this request. The Official Disability Guidelines recommend rental over purchase of durable medical equipment that serves a medical purpose and contributes to increased function and completion of activities of daily living within the home. The clinical documentation submitted for review does not indicate that the injured worker requires the need for a lift chair. There is no documentation that the request will provide medical treatment. Furthermore, the request as it is submitted does not clearly identify if the requested equipment is for rental or purchase. There is no duration of treatment provided. As such, the requested lift chair mechanism is not medically necessary or appropriate.