

Case Number:	CM15-0026960		
Date Assigned:	02/19/2015	Date of Injury:	10/10/2010
Decision Date:	04/03/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/12/2015

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

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 a 38 year old male with an industrial injury dated October 10, 2010. The injured worker diagnoses include muscle spasms, fusion of the lumbar spine, chronic low back pain and lumbar post laminectomy syndrome. He has been treated with diagnostic studies, radiographic imaging, prescribed medications and periodic follow up visits. In a progress note dated 1/2/2015, the injured worker reported lower back pain with increased frequency of myospasms in lower back and right leg. Objective findings revealed decrease range of motion and tenderness to paraspinal musculature of the lumbar spine. The treating physician is requesting an auto lift purchase for transporting power chair. UR determination on January 21, 2015 denied the request for auto lift purchase for transporting power chair, citing Non-MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Auto lift purchase for transporting power chair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Anthem Clinical UM Guideline, Subject: Durable Medical Equipment, Guideline#: CG-DME-10Current Effective Date: April 11, 2012.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices Page(s): 99. Decision based on Non-MTUS Citation Aetna clinical policy: Seat lifts and patients lift number 0459.

Decision rationale: This patient presents with complaints of low back pain and myospasm in the low back and right leg. The current request is for auto lift purchase for transporting power chair. Power mobility devices under MTUS page 99 states, "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. Early exercise, mobilization, and independence should be encouraged at all steps of the injury recovering process, and if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care." Aetna clinical policy: Seat lifts and patients lift number 0459 states that Aetna Guidelines support chair or patient lifts if the patient is incapable of standing from a seated position, among other requirements. The utilization review denied the request stating that there is not sufficient documentation indicating its necessity in the assistance of activities of daily living. Furthermore, the guidelines note that DMEs including nonstandard or deluxe feature, such as wheelchair lift are not medically necessary. In this case, there is no evidence that the patient is unable to get up from a seated position. According to progress report dated 01/02/2015, the patient has been attempting to walk and stand for longer periods of time to avoid deconditioning and the patient does not present with neurological deficits. The requested auto lift purchase for a power chair is not medically necessary.