

<b>Case Number:</b>	CM15-0092476		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	10/21/1992
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2015

### 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: Emergency 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(n) 72 year old female, who sustained an industrial injury on 10/21/92. She reported pain in her back, neck, hip and shoulder. The injured worker was diagnosed as having lumbago and thoracic/lumbosacral radiculitis. Treatment to date has included physical therapy, chiropractic treatments, trigger point injections, Hydrocodone, Lunesta and Ultram ER. As of the PR2 dated 4/6/15, the injured worker reports pain in her back, neck, hip and shoulder. She rates her pain a 4/10. Objective findings include a slight antalgic gait, decreased lumbar range of motion and tenderness in the extremities. The treating physician requested a lift chair with heat and massage.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Lift Chair with heat and massage: 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 and leg (acute and chronic)" "Durable Medical Equipment (DME)."

**Decision rationale:** There is no appropriate section in the MTUS Chronic pain or ACOEM guidelines concerning this topic. There is also no published quality studies concerning this topic. The assumed "lift chair" as described from treating physician's notes is likely a powered electric lift chair that is essentially a recliner that can lift a pt from fully reclined position and tilt patient forward and off the chair without need for knee or arm use. As per Official Disability Guide, this device would fall under criteria for Durable Medical Equipment (DME) but there is no specific sub-heading specifically concerning a powered lift chair. As per ODG, criteria for DME recommendation include: 1) Can withstand repeated use 2) Primarily and customarily used for medical purpose 3) Not useful in absence of illness or injury 4) Appropriate for home use. The powered chair lift does not meet criteria 2 and 3. This device is widely sold in many furniture stores. It can be used for non-medical purposes and for the convenience of its user. It is not primary for medical purpose only. The addition of luxury features such as "heat and massage" adds credence to this being not a medical device. The treating physician has not documented any significant complaint from pt concerning inability to get out of a chair. There is no functional assessment of hip or leg strength or disability when getting up from a sitting position. As per ODG criteria, the required power lift chair is not a Durable medical equipment (DME) and is not medically necessary.