

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

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

This patient is a 57-year-old man. The underlying date of injury is 04/25/2007 with the mechanism of injury that the patient was thrown out of his seat and jolted up and down while backing a truck into a ditch. The patient is status post surgery on 07/10/2013 which included a posterior approach to the cervical spine and a C4 laminectomy for decompression and a left C5-C6 foraminotomy for decompression of the C6 nerve roots. An initial physician review summarizes that the patient underwent cervical fusion on 07/10/2013 with a benign postoperative course and states that the discharge summary does not give any information regarding the patient's physical impairment or limitations, and thus there is no specific indication for the requested device.

On 08/19/2013, the treating provider saw the patient in followup and noted the patient was fully recovering from his cervical fusion 5 weeks previously. A physical therapy referral was recommended to strengthen the patient's neck and range of motion. That report states that the patient had postoperative neck pain and that it would be easier for him to use an electric recliner to get in and out of bed, and therefore this was recommended.

IMR DECISION(S) AND RATIONALE(S)

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

1. Electric recliner x 3 month rental is not medically necessary and appropriate.

The Claims Administrator based its decision on the ODG Knee & Leg, Durable Medical Equipment, which is not part of the MTUS.

The Physician Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of

Workers' Compensation, the Physician Reviewer based his/her decision on the Official Disability Guidelines (ODG), Knee, Durable Medical Equipment.

The Physician Reviewer's decision rationale:

This equipment is not specifically discussed in the California Medical Treatment Utilization Schedule. Guidelines in general for durable medical equipment can be found in Official Disability Guidelines/Treatment of Workers' Compensation/Knee, which states that durable medical equipment should be "primarily and customarily used to serve a medical purpose...generally not used by a person in the absence of illness and injury...and appropriate for use in a patient's home." This request for an electric recliner is nonspecific, and therefore it is not possible to apply this guideline. It is not clear if this request is for a medically specific device or for a general consumer device. Additionally, the medical records do not indicate that there has been a specific recommendation by a physical therapist or a trial of such equipment in order to determine that this equipment would be either necessary or useful to this particular patient or whether this patient could operate this equipment. Therefore, overall the medical records are insufficient to support the medical necessity of the requested treatment. This is not medically necessary.

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.



CM13-0008432