

Case Number:	CM13-0035688		
Date Assigned:	12/13/2013	Date of Injury:	06/30/2010
Decision Date:	03/18/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/17/2013

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 Anesthesiologist, has a subspecialty in Pain Medicine 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.

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 patient is a 55-year-old male who sustained a work-related injury on 06/30/2010. The clinical information indicates the patient underwent left hip surgery followed by postoperative physical therapy. The patient's pain was being managed with Lyrica and Cymbalta. The patient's diagnoses include radiculopathy and possible depression and adjustment disorder. The patient was noted to ambulate with a single point cane on the right side. Objective findings revealed no pain to palpation of the hip, improved range of motion, and low back pain with associated pain and tingling to the foot. The patient's treatment plan included recommendation of an epidural steroid injection and continuation of his home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

one (1) stand asst. chair: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines and National Guidelines Clearinghouse.

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

Decision rationale: Official Disability Guidelines recommend the use of durable medical equipment "if it is primarily and customarily used to serve a medical purpose and generally is not useful to a person in the absence of illness or injury." The clinical information submitted for review lacks a rationale to establish the medical necessity of the requested durable medical equipment. The clinical provided lacks documentation of any subjective complaints over objective findings of upper extremity weakness or pain to substantiate the request. As such, the request for one (1) stand asst. chair is non-certified.