

<b>Case Number:</b>	CM13-0039943		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	03/14/2003
<b>Decision Date:</b>	05/26/2014	<b>UR Denial Date:</b>	09/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### 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. The expert reviewer is Board Certified in Occupational 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

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

According to the medical records made available for review, this is a 50-year-old male with a 3/14/03 date of injury. At the time (9/26/13) of the request for authorization for Vastro Zero Gravity massage chair for home use, there is documentation of subjective (low back pain) and objective (palpable tenderness, spasm, and decreased range of motion) findings, current diagnoses (status post lumbosacral disc fusion at L4-5 and L5-S1, 2 mm disc bulges at L2-3 and L3-4, dehiscence of wound (abdomen), status post removal of lumbar spine hardware, urinary incontinence, dyspepsia, and complex medial meniscal tears of left knee), and treatment to date (activity modification). There is no documentation that the requested Vastro Zero Gravity massage chair for home use is primarily and customarily used to serve a medical purpose and is appropriate for use and is not more costly than an alternative service.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VASTRO ZERO GRAVITY MASSAGE CHAIR FOR HOME USE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: 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).

**Decision rationale:** The ODG identifies documentation that the requested durable medical equipment (DME) can withstand repeated use (i.e. could normally be rented, and used by successive patients); is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use as criteria necessary to support the medical necessity of durable medical equipment. Guidelines also indicate that durable medical equipment is considered medically necessary when it is not more costly than an alternative service, sequence of services, device or equipment, at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that covered individual's illness, injury or disease. Within the medical information available for review, there is documentation of diagnoses of status post lumbosacral disc fusion at L4-5 and L5-S1, 2 mm disc bulges at L2-3 and L3-4, dehiscence of wound (abdomen), status post removal of lumbar spine hardware, urinary incontinence, dyspepsia, and complex medial meniscal tears of the left knee. However, there is no documentation that the requested Vastro Zero Gravity massage chair for home use is primarily and customarily used to serve a medical purpose and is appropriate for use. In addition, there is no documentation that the requested Vastro Zero Gravity massage chair for home use is not more costly than an alternative service. Therefore, based on guidelines and a review of the evidence, the request for Vastro Zero Gravity massage chair for home use is not medically necessary and appropriate.