

<b>Case Number:</b>	CM13-0040077		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	05/17/1997
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 Internal Medicine and is licensed to practice in New York. 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:

The injured worker is a 59 year old female who reported an injury on 05/17/1997 due to an unknown mechanism of injury. On 09/30/2013, she reported persistent right knee pain. She also reported popping and clicking in the right knee. A physical examination revealed she had 170 degrees of extension of the right knee and flexion of 90 to 100 degrees with discomfort. She also had mild swelling along the ankle as well as the right knee, her gait was slightly antalgic and wide based, and she had tenderness along her inner and outer patella as well as the medial and lateral joint line. An unofficial MRI of the right knee showed a complex tear of the medial meniscus. Her diagnoses included internal derangement of the knee on the right with chondral lesion and meniscal lesions, diabetes, hypertension, weight loss rather than weight gain, and element of depression. Her medications included Trazodone 50 mg, Wellbutrin 150 mg, Protonix 20 mg, Diclofenac sodium 100 mg, docuprene 100 mg, and tramadol ER 150 mg. Other therapies include medications, injections, and a knee brace. The treatment plan requested was a recliner. The Request for Authorization form was signed on 10/01/2013. The rationale for treatment was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**New Recliner:** 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, Durable Medical Equipment (DME).

**Decision rationale:** The injured worker reported having persistent right knee pain and she was reportedly sleeping in her recliner due not being able to sleep in her bed. The Official Disability Guidelines state that durable medical equipment is primarily and customarily used to serve a medical purpose. The requesting physician did not include a rationale for a recliner. There is no indication that the recliner will serve a primarily medical purpose. The request is not supported by guideline recommendations. As such, the request is not medically necessary and appropriate.