

Case Number:	CM13-0049011		
Date Assigned:	04/25/2014	Date of Injury:	02/10/2012
Decision Date:	07/11/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/07/2013

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:

This is a 62-year-old male with a 2/10/12 date of injury after falling off a platform. He sustained multiple fractures to the right femur and is status post an ORIF of the right proximal femur on as well as osteomyelitis of the right knee which required subsequent hardware removal. The patient was seen on 10/08/13 noted to have ongoing right hip and knee pain. He has had Orthovisc injections in the past with some relief. Exam findings revealed tenderness over the right greater trochanter and proximal femur. There was minimal tenderness and effusion over the right knee and mild pain with patellar ballotement. A cortisone injection was administered. A chair was requested for multi-trauma hip and femur fracture and osteomyelitis pelvis. A UR decision dated 11/25/13 denied the request given there was no medical purpose for the chair.

IMR ISSUES, DECISIONS AND RATIONALES

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

RECLINER CHAIR: 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 & Leg Chapter Durable Medical Equipment.

Decision rationale: MTUS does not address this issue. Per ODG, the term DME is defined as equipment which:(1) Can withstand repeated use, (i.e. could normally be rented, and used by successive patients);(2) Is primarily and customarily used to serve a medical purpose;(3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. There is no rationale medically speaking for a recliner chair. Given the chair does not serve a medical purpose besides comfort; the request is not supported per ODG. As such, the request for a recliner chair was not medically necessary.