

Case Number:	CM13-0067820		
Date Assigned:	03/26/2014	Date of Injury:	05/17/1997
Decision Date:	07/25/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/18/2013

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 Family Practice and is licensed to practice in Georgia and Texas. 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 61-year-old female who reported an injury on 05/17/1997. The mechanism of injury was not provided. On 12/12/2013 the injured worker presented with right knee pain. Upon examination, there was tenderness along a joint line and range of motion values of 170 degrees of extension and 100 degrees of flexion with weakness and resisted function. There was also crepitation noted. The diagnoses were internal derangement of the knee on the right with evidence of meniscal injury and chondral lesion, diabetes, and hypertension, weight loss of nearly 70 pounds, an element of depression and sleep issues. Prior therapy included medications. The provider recommended a recliner. The rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

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, Durable Medical Equipment (DME).

Decision rationale: The Official Disability Guidelines state that if there is a medical need or if a device or system meets Medicaid's definition of durable medical equipment, then it would be recommended. The term durable medical equipment is defined as equipment which can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to an injured worker in the absence of illness or injury, and is appropriate for use in the injured worker's home. The request for a recliner does not serve a medical purpose. As such, the request is not medically necessary and appropriate.