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| Case Number: | CM14-0104651 | | |
| Date Assigned: | 07/30/2014 | Date of Injury: | 10/12/2009 |
| Decision Date: | 10/06/2014 | UR Denial Date: | 06/26/2014 |
| Priority: | Standard | Application Received: | 07/07/2014 |

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 Physical Medicine & Rehabilitation and is licensed to practice in 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 54 year old male who sustained an injury on 10/12/09. The injured worker was seen on 05/29/14 with ongoing complaints of low back pain radiating to the right lower extremity with associated numbness. The injured worker is noted to have had prior lumbar fusion procedures. The injured worker's physical exam noted limited lumbar range of motion without evidence of neurological deficit. Prior imaging studies were noted; however, the imaging reports were not available for review. Hardware removal was being considered for the injured worker. The lazy boy chair for the low back was denied on 06/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lazy Boy Chair for purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/17242611> Clin Orthop Relat Res. 1007 Apr;457:120-3. Durable Medical Equipment. Haralson RH 3rd. Author information. Abstract

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: The requested lazy boy recliner chair for this injured worker would not be supported as medically necessary. This request is not for durable medical equipment and there is no evidence from the literature to establish that this particular piece of furniture would contribute to any substantial functional improvement as any other medically established treatment. As such, this request is not medically necessary.