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| Case Number: | CM14-0012643 | | |
| Date Assigned: | 02/24/2014 | Date of Injury: | 06/30/1998 |
| Decision Date: | 07/03/2014 | UR Denial Date: | 01/06/2014 |
| Priority: | Standard | Application Received: | 01/31/2014 |

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, has a subspecialty in Sports Medicine and is licensed to practice in Texas and Oklahoma. 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 69-year-old male with an injury reported on 06/30/1998. The mechanism of injury was not provided within the clinical notes. The clinical note dated 12/07/2013, reported that the injured worker complained of chronic low back pain with radicular symptoms to the right lower extremity. Upon physical examination the injured worker had a well healed midline surgical incision overlying the lumbar spine. The injured worker had tenderness to the lumbar spine per palpation. It was noted the injured worker had a positive straight leg raise on the right lower extremity. The injured worker's reflexes were 3+ at the right knee and ankle and 2+ at the left knee and ankle. Motor testing in the lower left extremity was a 5/5 in all major muscle groups. The injured worker had 1/5 motor testing with right hip flexion. The injured worker's prescribed medication regimen included carvedilol, Lipitor, aspirin, fish oil supplement, Tums, and Vicodin. The injured worker's diagnoses included chronic low back pain; lumbar degenerative disc disease, status post multiple surgeries with L3-S1 fusion; right lumbosacral radiculopathy with motor deficits at multiple levels; relevant history of coronary artery disease, post myocardial infarction times 3, cardiac arrhythmia, status post pace maker placement. The provider requested repair or replacement of the injured worker's powered recliner; the rationale for the request was not provided. The Request for Authorization was submitted on 01/31/2014. The injured worker's prior treatments were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPAIR OR REPLACEMENT OF POWERED 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 & LEG, DURABLE MEDICAL EQUIPMENT (DME).

Decision rationale: The request for repair or replacement of powered recliner is not medically necessary. The injured worker complained of chronic low back pain with radicular symptoms to his right lower extremity. The Official Disability Guidelines recommend durable medical equipment (DME) generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME). The term DME is defined as equipment which 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; & is appropriate for use in a patient's home. The rationale for the repair or replacement of the powered recliner was not provided. There was a lack of clinical information indicating the recliner was non-functional and was in need of repair or replacement; there was a lack of documentation demonstrating the condition of the injured worker's current recliner. Moreover, a powered recliner is generally useful to a person with the absence of illness or injury, which does not meet the definition of durable medical equipment. Given the information provided, there is insufficient evidence to determine appropriateness to warrant medical necessity. Therefore, the request is not medically necessary.