MAXIMUS Federal Services

Case Number:	CM14-0014468		
Date Assigned:	02/21/2014	Date of Injury:	09/29/2011
Decision Date:	06/26/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/05/2014

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 Pain Medicine and is licensed to practice in Minnesota. 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 36-year-old male who reported an injury on 09/29/2011. The injured worker underwent went an L5-S1 transforaminal lumbar interbody fusion with bilateral pedicle screw and rod instrumentation and a harvesting of the right iliac crest on 11/14/2013. The mechanism of injury was not provided. The documentation of 01/08/2014 revealed the injured worker had strength of 5/5 in the bilateral lower extremities. There was moderate tenderness to the lumbar spine. The injured worker underwent a 2 view x-ray of the lumbar spine and had stable position of the hardware and interbody graft at L5-S1. The diagnosis was status post TLIF L5-S1 11/14/2013. The treatment plan included Percocet 10 mg every 8 hours as needed, and a urine drug screen as well as lumbar physical therapy. The submitted request was for a purchase of durable medical equipment, 1 pride lift chair recliner.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE DURABLE MEDICAL EQUIPMENT (DME) 1 [redacted] LIFT CHAIR RECLINER:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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, DME

Decision rationale: The Official Disability Guidelines indicate that durable medical equipment is appropriate if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment including: that it could withstand repeated use and it could normally be rented and used by successive patients, is primarily and customarily used to serve a medical purpose, and is generally not useful to a person in the absence of illness or injury, as well as is appropriate for use in the patient's home. The clinical documentation submitted for review failed to meet the above criteria. There was no documenation of exceptional factors to warrant non-adherence to guideline recommendations. There was no DWC Form RFA and no PR-2 submitted for the requested device. Given the above, the request for a [redacted] lift chair recliner is not medically necessary.