

<b>Case Number:</b>	CM14-0014978		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	04/14/2010
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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 and 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 54-year-old female who reported an injury on 4/14/10; the mechanism of injury was not provided within the submitted medical records. Within the clinical note dated 1/21/14, the injured worker's diagnoses were listed as right knee internal derangement, left knee post-traumatic arthritis with knee revision, left hamstring avulsed and incompetent from falls and tears, right hamstring partial tear, lumbar degenerative disc disease and degenerative joint disease with sprain, left lower extremity sciatica, and cervical degenerative disc and degenerative joint disease with upper extremity radiculopathy. The noted treatment plan included getting authorization to do a hamstring reconstruction. It was further reported that the injured worker was able to handle some minimal activities of daily living; however, the injured worker has been rated a high risk for falls and does not actively participate in physical therapy. Within the discussion section of the progress note, it was stated that the injured worker had not been approved for the surgeries yet. It was noted the physician was recommending the custom cushion through occupational therapy at the same center that had been successful with previous patients. The injured worker's sitting tolerance was timed at 15 minutes. Other therapies were noted to include injections, physical therapy, and occupational therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OCCUPATIONAL THERAPY CONSULT FOR CUSTOM COMPUTER DEVELOPED CUSHION:** 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 (Acute & Chronic), Durable medical equipment (DME).

**Decision rationale:** The Official Disability Guidelines recommend durable medical equipment if there is a medical need. Furthermore, the guidelines state that medical conditions that result in physical limitations for patients may require patient education modification to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. Additionally, the guidelines recommend office visits to be medically necessary and the need for a clinical office visit with a health care provider is individualized based upon the review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The documentation within the clinical notes did not reveal the medical necessity of use of a custom developed cushion and how it would correlate to pain relief or the intended usage of the cushion. Based on the lack of medical necessity of the cushion, the request for consult for occupational to acquire the cushion is not medically necessary and is not supported by the guidelines at this time.