

Case Number:	CM14-0153798		
Date Assigned:	09/23/2014	Date of Injury:	01/05/2000
Decision Date:	10/24/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/19/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 67-year-old male who has submitted a claim for failed neck syndrome, spasticity, and torticollis associated with an industrial injury date of 01/05/2000. Medical records from 12/28/2013 to 08/07/2014 were reviewed and showed that patient complained of neck and upper back pain (pain scale grade not specified). Physical examination revealed tenderness over C2-7 cervical spine and T1-T6 thoracic spine, decreased cervical spine ROM, hypesthesia along left C6 dermatome distribution, and intact MMT and DTRs of upper extremities. Treatment to date has included neck trigger point injections (date unavailable), Valium, trazodone, and acupuncture. Utilization review dated 08/18/2014 denied the request for Stellar comfort collection recliner because there was no evidence that the patient has tried and failed other assistive devices.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stellar comfort collection recliner: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg/Durable Medical Equipment (DME)

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 (DME) Aetna Clinical Policy Bulletin: Therapeutic Chairs

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines (ODG) was used instead. ODG recommends a durable medical equipment if there is a medical need, and if the device or system meets Medicare's definition. 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; and is appropriate for use in a patient's home. Aetna states that recliners are not covered by DME because they are not mainly used in the treatment of disease or injury; are not primarily medical in nature; and/or are normally of use to persons who do not have a disease or injury. In this case, the patient complained of neck and upper back pain that prompted request for stellar comfort collection recliner. However, the recliner is not mainly used in the treatment of disease or illness and is useful in the absence of illness. Hence, it does not fit the criteria for DME. Therefore, the request for stellar comfort collection recliner is not medically necessary.