

<b>Case Number:</b>	CM14-0045075		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	03/04/2002
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 Orthopedic Surgery, and is licensed to practice in Colorado and 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 75-year-old female who reported an injury on 03/04/2002 due to an unknown mechanism of injury. The injured worker reportedly sustained injury to multiple body parts that required several surgical interventions. The injured worker was evaluated on 02/27/2014. It was noted that the injured worker was participating in physical therapy and developed sudden onset of right knee pain. Physical findings included tenderness to palpation of the right knee. The range of motion was described as 0 degrees in extension to 120 degrees in flexion. The injured worker's diagnoses included impingement syndrome of the left shoulder and tricompartmental chondromalacia of the right knee complicated by a medial meniscus tear, and bimalleolar fracture of the right ankle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Reclining chair:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Literature Blue Cross of California Medical Policy Durable Medical Equipment CG-DME-10.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Durable Medical Equipment (DME).

**Decision rationale:** The requested for a reclining chair is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address durable medical equipment. Official Disability Guidelines recommend durable medical equipment on a rental basis. Durable medical equipment is considered medically necessary when it is not useful to the patient in the absence of injury or illness. The clinical documentation does not support that the injured worker would need this chair on an ongoing basis and would be justified inside an acute or chronic phase of injury. Additionally, the request, as it is submitted, does not clearly identify whether this is for rental or purchase or the duration of treatment. Therefore, the need for a reclining chair is not medically necessary.