

<b>Case Number:</b>	CM14-0186665		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	08/19/1980
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Family Practice

### 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 70 year old male, who sustained an industrial injury on 8/19/80. He has reported pain in the lower back and legs related to a fall. The diagnoses have included low back pain, lumbar stenosis, degenerative disc disease and joint pain in the lower leg. Treatment to date has included physical therapy, chiropractic treatment and oral medications. As of the PR2 dated 10/6/14, the injured worker reports throbbing pain in bilateral legs and back. The treating physician requested a recliner chair. On 10/27/14 Utilization Review non-certified a request for a recliner chair. The utilization review physician cited the Minnesota Treatment Guidelines. On 11/10/14, the injured worker submitted an application for IMR for review of a recliner chair.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Recliner chair:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Minnesota Treatment Guidelines Rules.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Durable Medical Equipment, <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring->

Programs/Medicare-FFS-Compliance-Programs/Medical-Review/Downloads/DME\_List\_of\_Specified\_Covered\_Items\_updated\_March\_26\_2015.pdf.

**Decision rationale:** According to the Official Disability Guidelines, Durable medical equipment (DME) is recommended 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: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. (CMS, 2005) A review of DME List of Specified Covered Items, revised March 26, 2015 at [cmc.org](http://cmc.org), does not note a recliner chair as a specific covered item. The request for a recliner chair is therefore not medically necessary.