MAXIMUS Federal Services

| Case Number: | CM14-0203362 | | |
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| Date Assigned: | 12/15/2014 | Date of Injury: | 02/28/2003 |
| Decision Date: | 02/13/2015 | UR Denial Date: | 11/10/2014 |
| Priority: | Standard | Application Received: | 12/05/2014 |

## 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 Family Practice and is licensed to practice in California. 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 57 year-old male, who was injured on February 28, 2003, while performing regular work duties. The mechanism of injury is not provided within the records. The injury is to both knees, left wrist, left hand, left thumb, and lower back. An evaluation on August 2, 2012, indicates that the injured worker reports worsened low back pain, being unsteady due to weakness and numbness in the legs. The physical findings are found to be tenderness and spasm in the lumbosacral area, reflexes are absent knee jerk on the right, and mild decreased pin sensation noted of the right leg. An examination on August 13, 2012, indicates the injured worker had a total knee replacement on the right side, and the injured worker is on regular work duty status. On August 16, 2012, the injured worker was seen by [redacted], who indicates there was a complaint of severe low back pain radiating into both buttocks and down into the posterior part of the legs with paresthesias. [redacted], reports that the injured worker had a total replacement of both knees, and has physical findings of tenderness and spasms of the lumbosacral area. An evaluation by [redacted], on June 5, 2014, indicates there is spondylosis of the lumbosacral spine, and neuropathy from spinal stenosis and spondylosis with numbness of both feet, and some weakness of the left thigh is noted. An evaluation on October 21, 2014, recommends an ergonomic evaluation, and indicates the injured worker is requesting a "new chair". The ergonomic evaluation report is not available for this review. The type of chair is not indicated. There is no indication within the records provided for this review, that the current chair needs to be replaced for ergonomic reasons. The request for authorization is for a new chair. The primary diagnosis is post-procedureal status. On November 10, 2014, Utilization Review non-certified the request for a new chair, due to "current documentation of a request for an ergonomic evaluation however no report is provided, and no documentation that the current chair would need replacement for ergonomic reasons".

## IMR ISSUES, DECISIONS AND RATIONALES

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

**New Chair:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back pain and Knee pain and DME.

**Decision rationale:** According to the guidelines, durable medical equipment is recommended as medically necessary. Chairs are not listed as approved DME products. In addition, the records do not substantiate the reasoning for use of a new chair. Lumbar supports are also not recommended as reasoning for a chair due to lack of evidence. The request for a chair is not medically necessary.