MAXIMUS Federal Services

Case Number:	CM15-0100656		
Date Assigned:	06/03/2015	Date of Injury:	12/14/2006
Decision Date:	07/13/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/26/2015

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: Arizona, 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 71-year-old female, with a reported date of injury of 12/14/2006. The diagnoses include cervical spondylosis without myelopathy, osteoarthrosis of an unspecified shoulder, complete rupture of the rotator cuff, and contusion of the head, lumbosacral strain, grade 1 concussion, and left knee sprain. Treatments to date have included oral medications; an x-ray of the lumbar spine, which showed severe degenerative changes; an x-ray of the cervical spine, which showed chronic changes of the spine with demonstrated reversal of normal lordosis and extensive degenerative disc disease noted at C5-6 and C6-7; and electro diagnostic studies. The supporting notes dated 04/27/2015 indicate that the injured worker had a history of neck pain and back pain. The injured worker reported that the symptoms were essentially unchanged. The objective findings include a normal gait, and a normal neurological exam. There were no objective findings regarding the injured worker's neck and back. The treating physician requested a lounge chair replacement. It was noted that the injured worker requested the replacement of her lounge chair, which she would sleep on because of her neck and back pain. The chair had worn out over the years.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment: replacement lounge chair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg (web; updated 2/27/15).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG knee chapter and pg 21.

Decision rationale: According to the guidelines, DME are recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below. Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. Chair lifts are considered appropriate for disabilities of immobility that require devices for transportation of lifting an individual at home. In this case, the request for a lounge chair does not meet medical specific medical needs. It is not indicated or supported for use for sleep purposes and is not medically necessary.