

<b>Case Number:</b>	CM15-0103213		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	09/08/1969
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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: California  
Certification(s)/Specialty: Emergency Medicine

### 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 70-year-old male injured worker suffered an industrial injury on 09/08/1969. The diagnoses included right knee total knee arthroplasty. The injured worker had been treated with surgery and medications. On 5/11/2015, the treating provider reported the right knee pain was 7 to 8/10 that was dull and recurring. The strength, stability and range of motion were poor with numbness and swelling. The left knee pain was 4 to 5/10 with dull recurrent pain along with poor strength, stability and range of motion. On exam the right knee had joint tenderness. There positive patellar facet tenderness and moderately severe right greater than left quadriceps atrophy. The left knee had joint tenderness with positive patellar facet tenderness. The injured worker had some improvement following a series of 3 Hyaluronic acid injections to the left knee along with persistent bilateral flexion contractures. The treatment plan included Elite Seat.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Elite Seat (██████████), rental, 8 weeks: 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 & Leg (Acute & Chronic) Static progressive stretch (SPS) therapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.kneebourne.com](http://www.kneebourne.com).

**Decision rationale:** The requested Elite Seat (██████████), rental, 8 weeks, is not medically necessary. CA MTUS and ODG are silent, and [www.kneebourne.com](http://www.kneebourne.com) noted that this seat is intended to provide symmetric motion to the knees. The injured worker has right knee pain was 7 to 8/10 that was dull and recurring. The strength, stability and range of motion were poor with numbness and swelling. The left knee pain was 4 to 5/10 with dull recurrent pain along with poor strength, stability and range of motion. On exam, the right knee had joint tenderness. There positive patellar facet tenderness and moderately severe right greater than left quadriceps atrophy. The left knee had joint tenderness with positive patellar facet tenderness. The treating physician has not sufficiently documented the medical necessity for this DME. The criteria noted above not having been met, Elite Seat (██████████), rental, 8 weeks is not medically necessary.