

Case Number:	CM15-0107163		
Date Assigned:	06/11/2015	Date of Injury:	12/10/2009
Decision Date:	07/13/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/03/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 injured worker is a 40 year old male, who sustained an industrial injury on December 10, 2009. The mechanism of injury was a fall from a ladder in which the injured worker landed on a metal pipe. The injured worker sustained a left calcaneal fracture. The injured worker has been treated for neck, low back, left elbow and left lower extremity complaints. The diagnoses have included lumbar/lumbosacral disc degeneration, lumbar disc protrusion, radiculopathy and radiculitis, cervical myelopathy, pain in joint of the ankle, thoracic spine sprain/strain, bilateral leg pain and numbness, low back pain and depression. Treatment to date has included medications, radiological studies, MRI, physical therapy, psychotherapy, epidural steroid injections, acupuncture treatments and an open reduction and internal fixation of the left ankle fracture. Current documentation dated May 13, 2015 notes that the injured worker reported back pain with radiation to the bilateral lower extremities which was worse with walking and sitting in the car. The injured worker also noted headaches, neck pain and left ankle pain. Examination of the lumbar spine revealed tenderness, spasm, guarding and a decreased range of motion. The treating physician's plan of care included a request for a lumbar seat cushion for placement in a car seat.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Lumbar seat cushion for car seat: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg - Durable medical equipment (DME).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and pelvis section, DME.

Decision rationale: Pursuant to the Official Disability Guidelines, one lumbar seat cushion for car seat is not medically necessary. Durable medical equipment is recommended generally if there is a medical need and the device or system meets Medicare's definition of durable medical equipment. Most bathroom and toilet supplies do not customarily serving medical purpose and are primarily used for convenience in the home. The term DME is defined as equipment which: can withstand repeated use; is primarily and customarily served medical purpose; generally is not useful to a person in the absence of illness or injury; and is appropriate for use in the patient's home. In this case, the injured worker's working diagnoses are generation lumbar lumbosacral disc; pain in joint ankle foot; sprain and strain of neck; sprain and strain thoracic region. Cushions are generally not considered medical in nature unless they are an integral part of an accessory to covered DME. Lumbar seat cushions do not meet the DME definition criteria. A seat cushion does not primarily and customarily serve a medical purpose. A seat cushion may be useful to a person in the absence of illness or injury. Consequently, absent clinical documentation meeting guideline criteria for DME, one lumbar seat cushion for car seat is not medically necessary.