

Case Number:	CM15-0140548		
Date Assigned:	07/30/2015	Date of Injury:	08/19/2000
Decision Date:	08/27/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/20/2015

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: Preventive Medicine, Occupational 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 43 year old female who sustained an industrial injury on 8/19/00. Diagnoses include skull fracture, neck, multiple pelvic fractures and left biceps tendon rupture. Treatments include medication, physical therapy, injections and surgery. Progress report dated 2-25/15 reports follow up for multiple complaints. She has intractable pain in the left shoulder as well as the pelvic region. She is being treated with a combination of Tramadol, Valium and vistaril. The pain is rated between 4-8 out of 10. Diagnoses include: pain joint shoulder region, chronic mixed plain syndrome and pain joint pelvic region and thigh. Plan of care includes: continue current measures, educated on activity modification to avoid exacerbation, continue home exercises, continue current medication. Work status is permanent 50%. Follow up in 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Special 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 (ODG), Knee & Leg, Durable medical equipment (DME) and on the www.aetna.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter/Durable Medical Equipment (DME) Section.

Decision rationale: 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. Certain DME toilet items (commodes, bedpans, etc.) are medically necessary if the patient is bed- or room-confined, and devices such as raised toilet seats, commode chairs, sitz baths and portable whirlpools may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. Many assistive devices, such as electric garage door openers, microwave ovens, and golf carts, were designed for the fully mobile, independent adult, and Medicare does not cover most of these items. 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. In this case, a special chair is being requested to assist the injured worker with sitting and maintaining seated balance. The available documentation does not provide evidence of an inability to support her own body weight. Additionally, she participates in a home exercise program so it is reasonable to conclude that she can handle her own body weight both standing and sitting. Additionally, the type of chair needed is not included with this request, so it is not clear that it wouldn't be used for general purpose by people without illness or injury. The request for a special chair is not medically necessary.