

Case Number:	CM15-0166222		
Date Assigned:	09/04/2015	Date of Injury:	08/17/2001
Decision Date:	10/09/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/25/2015

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: Texas, New York, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic knee, ankle, and shoulder pain with derivative complaints of depression, anxiety, and insomnia reportedly associated with an industrial injury of August 17, 2001. In a Utilization Review report dated July 28, 2015, the claims administrator failed to approve a request for a recliner apparently ordered on July 15, 2015. The applicant's attorney subsequently appealed. On September 1, 2015, the attending provider acknowledged that the applicant was not working. An electric scooter was endorsed because the applicant was having difficulty moving about with a cane and/or walker. The applicant had comorbid hypertension and diabetes, it was reported. The applicant was described as performing minimal chores. On July 15, 2015, it was reiterated that the applicant was not, in fact, working. The applicant had developed derivative complaints of depression in addition to ongoing complaints of shoulder pain, knee pain, and generalized pain syndrome. A replacement recliner was sought because the applicant's current recliner had completely worn out. A replacement recliner, diclofenac, Tramadol, and Wellbutrin were endorsed while the applicant was seemingly kept off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Recliner: 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 and Leg chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Chronic Pain, pg. 861-862 2.

Decision rationale: No, the request for a recliner was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of recliners. However, the Third Edition ACOEM Guidelines Chronic Pain Chapter notes that specific beds or other commercial sleep products such as the recliner in question are not recommended in the treatment of any chronic pain syndrome, as there is no quality evidence to suggest that such specific products have a role in the treatment of the same. The attending provider failed to furnish a clear or compelling rationale for provision of this particular device in the face of the unfavorable ACOEM position on the same. Therefore, the request was not medically necessary.