

<b>Case Number:</b>	CM15-0180955		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	12/13/1996
<b>Decision Date:</b>	10/29/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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: New York, Tennessee  
 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 injured worker is a 55 year old female, who sustained an industrial injury on December 13, 1996. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having arthrodesis C2 through T3, status post hardware removal on March 20, 2013, dehiscence of the cervical musculature and chronic pain. On April 17, 2015, the injured worker complained of neck pain, headache, scapular pain on the right and numbness on the right forearm. Her pain was noted to be somewhat worse, particularly in the posterior neck. Notes stated that a chair provided by Worker's Compensation was all worn out and not repairable. The treatment plan included a plastic surgeon evaluation, replacement of chair and a follow-up visit. On August 4, 2015, chart notes stated that the injured worker provided information for a perfect Chair model PC 085. On August 13, 2015, utilization review denied a request for purchase of an Ergonomic Orthopedic Recliner Chair-Perfect Chair PC-086.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of Ergonomic Orthopedic Recliner Chair- Perfect Chair PC-086:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back: Ergonomics Knee & Leg: Durable medical equipment (DME).

**Decision rationale:** Ergonomics for neck pain are under study. There was no good-quality evidence on the effectiveness of ergonomics or modification of risk factors. Durable medical equipment (DME) is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME). 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 the patient is requesting ergonomic chair for home use. Ergonomics are under study for neck pain. The lack of supporting evidence does not allow determination of efficacy or safety. In addition the chair does not meet definition of DME as it is not used for a medical purpose and is not normally rented and used by successive patients. The ergonomic chair is not medically necessary or recommended. The request should not be authorized.