

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0198319 | | |
| Date Assigned: | 10/13/2015 | Date of Injury: | 09/12/2013 |
| Decision Date: | 11/20/2015 | UR Denial Date: | 09/05/2015 |
| Priority: | Standard | Application Received: | 10/08/2015 |

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 48 year old female who sustained an industrial injury on September 12, 2013. Recent primary follow up dated July 16, 2015 reported requesting recommendation for an ergonomic chair purchase. There was objective assessment noting: cervical spine with tenderness on palpation at bilateral paraspinous and trapezius, left side greater. There is note of positive Spurling's and parasthesia's left upper extremity, and left shoulder tenderness. Primary follow up dated May 2015 reported subjective complaint of "left upper extremity numbness and tingling with ongoing cervical spine pain," and "left shoulder pain, stiffness with loss of motion." The following diagnoses were applied to this visit: cervical spine sprain and strain with left upper extremity radiculitis, left shoulder strain with cervical spondylosis and myelopathy. On August 27, 2015 a request was made for purchase of an ergonomic chair that was noncertified by Utilization Review on September 04, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Ergonomic chair: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) durable medical equipment.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested item. Per the Official Disability Guidelines section on durable medical equipment, DME is primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness or injury. DME equipment is defined as equipment that can withstand repeated use i.e can be rented and used by successive patients, primarily serves a medical function and is appropriate for use in a patient's home. The equipment itself is not rentable or able to be used by successive patients. It does not serve a primary medical purpose that cannot be accomplished without it. The patient's neck and upper extremity pain can be treated in the absence of this equipment. Therefore criteria have not been met per the ODG and the request is not medically necessary.