

Case Number:	CM15-0201808		
Date Assigned:	10/16/2015	Date of Injury:	09/24/2002
Decision Date:	12/04/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/14/2015

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: 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 78-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of September 24, 2002. In a Utilization Review report dated September 23, 2015, the claims administrator failed to approve a request for a Resistance Chair- Smooth Rider II. A May 28, 2015 prescription form was referenced in the determination. The claims administrator contended that the device did not constitute an article of DME. The claims administrator stated that the applicant acknowledged that the applicant had undergone a total knee arthroplasty procedure. The applicant's attorney subsequently appealed. On said May 28, 2015 progress note, handwritten, difficult to follow, not entirely legible, the applicant reported ongoing issues with knee pain, moderate-to-severe, vacuuming remained problematic, the treating provider reported. The applicant was reportedly unable to lift, carry, stand, walk, grip, and/or grasp secondary to various pain complaints. Motrin and Prilosec were endorsed. Home care and transportation were sought. The attending provider contended that the applicant's need for home care services would likely be indefinite as the applicant would likely be unable or incapable of performing home activities and/or household chores of her own accord. On an RFA form dated August 12, 2015, the Resistance Chair-Smooth Rider II at issue with an associated technician fee was sought, seemingly without supporting progress notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Resistance chair, Smooth Rider II, tech fee: 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 chapter (updated 7/10/15) Durable medical equipment (DME).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: No, the request for Resistance Chair-Smooth Rider II-with associated technician fee was not medically necessary, medically appropriate, or indicated here. While page 98 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that home exercise care include exercise with and without mechanical assistance or resistance and functional activities with assistive devices such as the Resistance Chair-Smooth Rider II at issue, here, however, no clinical progress notes were attached to the August 12, 2015 RFA form. The handwritten May 28, 2015 office visit was thinly and sparsely developed, difficult to follow, not entirely legible, did not set forth a clear or compelling case for the device at issue. It was not clearly stated or clearly established how said device could advance the applicant's activity levels and/or facilitate performance of home exercises. Therefore, the request is not medically necessary.