

Case Number:	CM15-0203998		
Date Assigned:	10/20/2015	Date of Injury:	11/05/2002
Decision Date:	12/02/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/16/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 56-year-old female who sustained an industrial injury on 11-5-2002. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar degenerative disc disease, lumbar radiculopathy, C6 radiculopathy and shoulder impingement syndrome. According to the progress report dated 9-24-2015, the injured worker complained of back pain rated 8 out of 10. It was noted that the injured worker was scheduled for lumbar spinal cord stimulator replacement on 10-5-2015. Objective findings (9-24-2015) revealed sitting straight leg raise caused low back pain radiating to the hips bilaterally. Treatment has included pool therapy, spinal cord stimulator and medications (Norco). The original Utilization Review (UR) (10-14-2015) denied a request for a therapeutic chair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapeutic chair (easy comfort lift chair model no.LC-200) purchase QTY 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and leg.

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

Decision rationale: CA MTUS is silent on the subject of shower chair. ODG, knee and leg section, comments on home durable medical medical equipment. 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. Bath tub seats are considered a comfort or convenience item and not primarily medical in nature. 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. (CMS, 2005) In this case, the worker is a 56-year-old female who was injured in 2002. The documentation from 9/24/15 does not document reason that the worker is unable to sit in a normal chair or that requested DME item is required for the medical treatment plan. The request is not medically necessary.