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| <b>Case Number:</b>   | CM15-0022032 |                              |            |
| <b>Date Assigned:</b> | 02/11/2015   | <b>Date of Injury:</b>       | 04/14/2010 |
| <b>Decision Date:</b> | 04/06/2015   | <b>UR Denial Date:</b>       | 01/29/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/05/2015 |

### 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: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 reported an injury on 04/14/2010. The mechanism of injury was not provided. Her diagnoses are noted to include right knee internal derangement status post arthroscopy; left knee post-traumatic arthritis with 2 knee revision procedures; left hamstring incompetence; right hamstring partial tear; lumbar degenerative disc disease and radiculopathy; left lower extremity sciatica; cervical degenerative disc disease; and upper extremity radiculopathy; right shoulder fracture; right elbow sprain; and right upper extremity septic thrombophlebitis. Her past treatments were noted to include surgical procedures and occupational therapy. A 01/24/2014 note indicated that special seat cushions have been recommended. It was noted that a smaller cushion would allow the injured worker to take it around town so she could go to work or other events and be able to sit, and the seat cushions are recommended, as she has a painful hamstring avulsion and gets spasm when she sits on it.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Rojo seat cushions, quantity: 2:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross of California Medical Policy Durable Medical Equipment CG-DME-10.

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

**Decision rationale:** According to the Official Disability Guidelines, durable medical equipment is defined as equipment which can withstand repeated use; is primarily and customarily used to serve a medical purpose; is generally not useful to a person in the absence of illness/injury, and is appropriate for use in a patient's home. The clinical information submitted for review indicated that special cushions were recommended for the injured worker. However, it is unclear how this equipment serves a primarily medical purpose. Therefore, it does not currently meet the definition for durable medical equipment per the guidelines. As such, the request is not medically necessary.