

<b>Case Number:</b>	CM15-0084252		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	06/18/2008
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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 50 year old male, who sustained an industrial injury on 06/18/2008. The initial complaints or symptoms included left knee and upper leg, and right shoulder pain/injury. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, x-rays, MRIs, conservative therapies, and multiple left knee surgeries including replacement surgery. Currently, the injured worker complains of continued left knee pain (status post left knee surgery 1 week earlier) with a pain rating of 7/10. The injured worker was instructed to keep his left lower extremity elevated during this post-operative period even during sleep to help alleviate the pain; however, the injured worker reported that he was unable to achieve this position while sleeping causing significant pain and sleep disruption. The diagnoses include right shoulder impingement syndrome, right shoulder pain, and status post left knee surgeries and replacement of prosthetics from total knee surgeries. The request for authorization included a recliner chair.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Recliner chair:** 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 & Leg chapter (Acute & Chronic) - Durable Medical Equipment (DME).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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. The prescribed equipment does not meet the standards of DME per the ODG. Therefore the request is not medically necessary.