

Case Number:	CM14-0138762		
Date Assigned:	09/05/2014	Date of Injury:	12/21/1971
Decision Date:	10/24/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/27/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 64-year-old male who reported injury on 12/21/1971. The mechanism of injury was not submitted for review. The injured worker has a diagnosis of intervertebral disc disorder with myelopathy, cervical region, and intervertebral disc disorder with myelopathy of the lumbar region. Past medical treatment consists of surgery, physical therapy, and medication therapy. Medications include Dilaudid, docusate sodium, Lomotil, metformin, Miralax, Prilosec, promethazine, Valium, and zolpidem. On 06/04/2014, the injured worker complained of chronic pain. Physical examination revealed that the injured worker had clear chest sounds without wheezes or rales. Abdomen was non-tender and extremities were without edema. There were no physical findings on motor strength, range of motion, or sensory deficits. The medical treatment plan is for the injured worker to be issued a zero gravity chair for the lumbar spine. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zero Gravity Chair for the Lumbar Spine, Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers' Compensation, Online Edition, Knee & Leg Chapter, Durable Medical Equipment (DME)

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, Durable medical equipment (DME).

Decision rationale: The request for a zero gravity chair for the lumbar spine purchase was not medically necessary. According to the ODG, durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. The term "durable medical equipment" is defined as equipment which: (1) can withstand repeated use, could normally be rented and used by successive; (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; and (4) is appropriate for use in a patient's home. The submitted documentation did not indicate a rationale as to how a zero gravity chair would be beneficial to the injured worker. Additionally, the physical examination lacked any evidence of functional deficits that the injured worker had regarding the lumbar spine. Given the above, the injured worker is not within ODG criteria for the use of durable medical equipment. As such, the request is not medically necessary.