

<b>Case Number:</b>	CM14-0144546		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	10/12/2006
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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 Occupational Medicine and is licensed to practice in California. 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:

There was a primary treating physician's progress report. The patient is to remain off work for six weeks. The provider was [REDACTED] and the date was December 18, 2013. She had severe abdominal cramping and spasm in the right groin. She had a Toradol injection. She was referred to a hip specialist. There have been past ganglion blocks and Synvisc. She has also tried topical compound medicine. There was a secondary treating physician's progress report. She has right hip and right thigh pain. Medicines included Fioricet, Percocet, Motrin, Colace, and Prilosec. The drug screen shows that she is compliant. The date of this exam was December 31, 2013. There was an application for independent medical review signed on August 26, 2014. The request was regarding an outpatient MRI of the lumbar spine. There was a review from August 15, 2014. She was described as a 51-year-old worker injured back in the year 2006. She was transferring an outpatient from the lift recliner to a wheelchair when the patient fell forward and the claimant lifted the patient to prevent her from falling. There was a note from March 25, 2014. She had right hip and thigh pain. The pain was severe, sharp and burning. There had been physical therapy. There was right lower extremity numbness and tingling. The right hip pain is constant with daily pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gel Pro seat ultra:** 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, (Acute & Chronic), Durable medical equipment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:FDA Guidelines/414.202 42 CFR

**Decision rationale:** Gel Pro is a seat cushion that some people use for discomfort in the home. It does not meet criteria for durable medical equipment, as it can be purchased directly outside of medical circles as a chair cushion. Cushions are items used in a home that people may choose to purchase as desired for comfort. Durable Medical Equipment, as defined by the FDA in 42 CFR 414.202, is equipment which is furnished by a supplier or home health agency that:1. Can withstand repeated use2. Is primarily and customarily used to serve a medical purpose,3. Is generally not useful to the individual in the absence of an illness or injury, and is appropriate for use in the homeThis device fails to meet the FDA definition of durable medical equipment, as it is not primarily used to serve a medical purpose. I am not able to endorse certification of medical necessity.