

Case Number:	CM14-0164504		
Date Assigned:	10/09/2014	Date of Injury:	02/14/2008
Decision Date:	11/13/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/07/2014

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 Preventive 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:

According to the records made available for review, this is a 59-year-old male with a 2/14/08 date of injury. At the time (9/24/14) of the Decision for recliner chair, there is documentation of subjective (neck pain, difficulty swallowing and eating, loss of balance, and anxiety attacks) and objective (tenderness to palpation over the cervical spine with decreased range of motion) findings, current diagnoses (cervical spondylosis without myelopathy), and treatment to date (acupuncture). Medical report identifies a request for recliner chair for sleeping. There is no documentation that the request represents medical treatment that should be reviewed for medical necessity.

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 (ODG), Low Back, Mattress Selection

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: <http://www.cigna.com/healthcare-professionals/resources-for-health-care-professionals/clinical-payment-and-reimbursement-policies/medical-necessity-definitions>

Decision rationale: MTUS and ODG do not address this issue. Medical Treatment Guideline identifies documentation that the request represents medical treatment in order to be reviewed for medical necessity, as criteria necessary to support the medical necessity of the requested recliner chair. Within the medical information available for review, there is documentation of a diagnosis of cervical spondylosis without myelopathy. However, despite documentation of a request for recliner chair for sleeping, there is no documentation that the request represents medical treatment that should be reviewed for medical necessity. Therefore, based on guidelines and a review of the evidence, the request for recliner chair is not medically necessary.