

<b>Case Number:</b>	CM15-0111714		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	06/03/2009
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 female, who sustained an industrial/work injury on 6/3/09. She reported initial complaints of pain in right leg. The injured worker was diagnosed as having lumbar facet syndrome, low back pain, knee pain, and pain in joint lower leg. Treatment to date has included medication, surgery (right total knee replacement on 6/29/09, left total knee replacement on 11/1/10, revision of right total knee replacement on 9/10/12), and diagnostic testing. X-Rays results were reported on 10/10/12. Currently, the injured worker complains of lower backache and bilateral knee pain and rated 4/10 with medication and 6/10 without medication. Pain was unchanged and notes some increase due to cold weather. Per the primary physician's progress report (PR-2) on 5/27/15, examination notes antalgic gait without use of a device, range of motion to lumbar spine is restricted with flexion limited to 80 degrees and extension limited to 15 degrees but normal lateral bending. Palpation tenderness to paravertebral muscles, trigger points on the right side, positive facet loading on the right, and tenderness over the sacroiliac spine. Knee exam notes left knee with swelling, crepitus bilaterally with range of motion, flexion limited to 110 degrees but normal extension, and crepitus with movement. The requested treatments include Chair with wheels (for use at work).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chair with wheels (for use at work):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 9.

**Decision rationale:** As noted in the MTUS Guidelines in ACOEM Chapter 1, page 9, all seating should be "fully adjustable" to accommodate workers of different heights and body habits. Here, the attending provider stated that provision of a specialized chair with wheels was needed to facilitate the applicant's return to work in her usual workstation, a booth of some kind. The attending provider stated that the applicant had pain complaints, a history of left and right total knee arthroplasties, an antalgic gait, and severe obesity with a BMI in the 40 range, per an office visit of May 29, 2015. Provision of a specialized chair, the treating provider contended, would facilitate the applicant's return to the workplace and/or work site. As suggested by ACOEM, seating should be adjustable to accommodate workers of different heights and body habits. Here, the applicant was apparently a worker of atypical body habitus. Provision of the specialized chair with wheels was, thus, indicated to facilitate her return to the workplace and/or workforce. Therefore, the request was medically necessary.