

Case Number:	CM15-0111824		
Date Assigned:	06/18/2015	Date of Injury:	02/08/2012
Decision Date:	07/20/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/10/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 62-year-old male who sustained an industrial injury on 02/08/2012. Current diagnoses include rule out internal derangement right knee, low back limp secondary from limp and cervical strain with weak radiculopathy. Previous treatments included medication management and physical therapy. Report dated 05/18/2015 noted that the injured worker presented with complaints that included worsening pain in the right knee and low back, and left knee. Pain level was not included. Physical examination was positive for crepitus in both knees, decreased right knee range of motion, wound looks fine, small effusion, low back pain, and positive straight leg raise, and neck pain with extension. It was noted that an RFA was sent for sacroase back seat to support back. The treatment plan included request for medical records, weight-bearing x-rays of both knees, need the report from the prior consultation, requests for a consult for a total knee replacement and knee scope, and surgery is scheduled for the right knee. Disputed treatments include sacroase seat support.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sacroase seat support: 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), knee and leg chapter, DME.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262. Decision based on Non-MTUS Citation Official disability guidelines Knee and Leg Chapter, under Durable Medical Equipment.

Decision rationale: Based on the 05/18/15 progress report provided by treating physician, the patient presents with bilateral knee and back pain. The patient is status post left and right knee surgeries 1989-1990. The request is for SACROEASE SEAT SUPPORT. RFA with the request not provided. Patient's diagnosis on 05/04/15 includes rule out internal derangement right knee, low back limp secondary from limp and cervical strain with weak radiculopathy. The patient ambulates with an antalgic gait. Physical examination on 05/04/15 revealed crepitation to the bilateral knees, small effusion, and right knee range of motion 2 to 99 degrees. Patient has low back pain, tight hamstrings, and positive straight leg raise test. Treatment to date included imaging studies, injections, physical therapy, and medications. Per 04/20/15 report, the patient's work status was return to full-duty. Per 05/18/15 report, the patient was to remain off work. Treatment reports were provided from 12/01/14 - 05/18/15. The MTUS and ACOEM Guidelines do not address this request. ODG-TWC, Knee and Leg Chapter, under Durable Medical Equipment states: "Recommended if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME). DME is an equipment that can withstand repeated use; primarily and customarily used to serve a medical purpose; generally not useful to a person in the absence of illness or injury; is appropriate for use in the patient's home." ACOEM page 262 regarding ergonomics states, "The clinician may recommend work and activity modifications or ergonomic redesign of the workplace to facilitate recovery and prevent recurrence. The employer's role in accommodating activity limitations and preventing further problems through ergonomic changes is key to hastening the employee's return to full activity." Per 05/18/15 report, the patient is scheduled for right knee surgery on 05/07/15, but it is not clear whether surgery was authorized, or that patient already had the procedure, based on provided medical records. Per 05/04/15 report, treater states "RFA sent for sacro ease back seat to support back." Medical rationale for the request was not provided. There is no discussion on why sacroease seat support is medically necessary and how it is to be used "to hastening the employee's return to full activity." Labor Code 4610.5(2) definition of medical necessity. "Medically necessary" and "medical necessity" meaning medical treatment that is reasonably required to cure or relieve the injured employee of the effects of his or her injury. In this case, a cushion used for support does not appear to be a medically necessity. Therefore, the request IS NOT medically necessary.