

Case Number:	CM15-0173448		
Date Assigned:	09/15/2015	Date of Injury:	08/21/2012
Decision Date:	10/22/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/02/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 48 year old female who sustained an industrial injury on 8-21-12. She had complaints of neck and back pain. Diagnoses include: cervical disc displacement, cervical radiculopathy and sprain lumbar region. Treatments include: medication, physical therapy and chiropractic therapy. Progress report dated 8-10-15 reports continued complaints of neck and lower back pain. The neck pain radiates down both arms, left arm worse than right. She has complaints of lower back pain that radiates down both legs. Prolonged walking makes the pain worse. She reports that the pain medication makes her pain better bringing the pain level down to a 9 out of 10 and without medication the pain is over 10 out of 10. Plan of care includes: refill medications, surgical repair was recommended, discontinue diclofenac, continue norco, will add ms contin 15 mg, continue gabapentin 600 mg, continue celebrex, surgery scheduled for 9-1-15, will continue conservative care. Work status: per primary treating physician. Follow up in 1 month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op 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) Knee and Leg (updated 07/10/2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & leg (Durable medical equipment).

Decision rationale: The CA MTUS does not address the use of a post-operative recliner chair in a patient undergoing neck surgery. The ODG states that durable medical equipment (DME) is recommended if there is a medical need and if the device or system meets Medicare's definition of DME. In this case, the records submitted for 8/10/2015 indicate that the patient was scheduled for neck surgery on 9/2/2015, however the specific procedure is not documented. The indication and/or rationale for a post-op recliner chair is not discussed. It is unclear how the chair will enhance the post-op treatment. A specific need for the chair has not been identified. It is unlikely that a recliner chair will enhance the patient's post-op recovery. Therefore the request is not medically necessary or appropriate.