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| Case Number: | CM13-0032294 | | |
| Date Assigned: | 12/11/2013 | Date of Injury: | 04/14/2000 |
| Decision Date: | 02/25/2014 | UR Denial Date: | 09/26/2013 |
| Priority: | Standard | Application Received: | 10/07/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice 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 physician 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:

60 yr. old female claimant sustained a work injury on 4/14/2000 that resulted in chronic shoulder pain with resultant difficulty sleeping on a flat bed. A progress note on 9/13/13 she has constant 6-7/10 pain in the shoulders and wakes up every 2 hours. Examination findings indicate bilateral shoulder tenderness and a diagnosis of bilateral shoulder impingement. She has been previously sleeping on a recliner for pain relief for 10 yrs. A request was made for to replace her old recliner.

IMR ISSUES, DECISIONS AND RATIONALES

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

Recliner per report dated 9/13/13, QTY: 1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG DME Guidelines/ Knee.

Decision rationale: The MTUS and ACOEM do not make specific recommendations on recliner use as a sleep aid for chronic shoulder pain. There is no documentation of the type of recliner that would provide relief that is superior to an adjustable bed or modified with pillow or bedding

material. According to the ODG guidelines: DME equipment that is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below. Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. Certain DME toilet items (commodes, bed pans, etc.) are medically necessary if the patient is bed or room-confined, and devices such as raised toilet seats, commode chairs, sitz baths and portable whirlpools may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. Many assistive devices, such as electric garage door openers, microwave ovens, and golf carts, were designed for the fully mobile, independent adult, and Medicare does not cover most of these items. The term DME (durable medical equipment) is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. In this case the chair is not a direct medical purpose as it relates to an injury or physical limitation. It can't be rented or used by successive patients. Furthermore, there no is good evidence to support its use. As a result a recliner is not medically necessary.