MAXIMUS Federal Services

| Case Number: | CM14-0031002 | | |
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| Date Assigned: | 06/20/2014 | Date of Injury: | 03/29/1995 |
| Decision Date: | 07/23/2014 | UR Denial Date: | 02/19/2014 |
| Priority: | Standard | Application Received: | 03/11/2014 |

## 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 Anesthesiology, has a subspecialty in Pain 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:

The injured worker is a 63 year old female who reported an injury to her right shoulder and low back. The agreed medical evaluation dated 11/08/11 indicated the injured worker initially presented in 1989 with pain at several areas. The injured worker had subsequently been diagnosis with fibromyalgia. The injured worker had motor vehicle accident in 1992. The injured worker has had several requests for adaptive devices. A clinical note dated 04/16/14 indicated the injured worker being recommended for surgical intervention at the right shoulder. The injured worker was identified as having a full thickness tear at the distal supraspinatus tendon. A clinical note dated 05/19/14 indicated the injured worker showing significant improvement following her surgical intervention. The injured worker stated that she required a hydraulic lift servo chair to get into her tub. The injured worker stated that she had insufficient upper body strength enable to push herself out of the tub once she was lying down. The injured worker utilized a shoulder sling.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase and installation of 2 tub rails:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Worker's Compensation, Online edition , Chapter Knee And Leg, see Durable medical equipment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Durable Medical Equipment.

**Decision rationale:** The request for purchase and installation of 2 tub rails is not medically necessary. The clinical documentation indicates the injured worker requesting adaptive devices including tub rails and swivel chair secondary to decreased strength in the shoulders. The injured worker underwent surgical intervention resulting in loss of strength post-operatively. No information was submitted regarding current objective findings determined by clinical evaluation confirming functional deficits. Given the expected course of treatment with recovery, it would be reasonable for the injured worker to regain sufficient strength to enter and exit safely. Given this, the requested adaptive devices are not fully indicated at this time.

**Purchase of a swivel chair:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Knee and Leg chapter: Durable Medical Equipment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Durable Medical Equipment.

**Decision rationale:** The request for purchase of a swivel chair is not medically necessary. The clinical documentation indicates the injured worker requesting adaptive devices including tub rails and swivel chair secondary to decreased strength in the shoulders. The injured worker underwent surgical intervention resulting in loss of strength post-operatively. No information was submitted regarding current objective findings determined by clinical evaluation confirming functional deficits. Given the expected course of treatment with recovery, it would be reasonable for the injured worker to regain sufficient strength to enter and exit safely. Given this, the requested adaptive devices are not fully indicated at this time.