

Case Number:	CM14-0190741		
Date Assigned:	11/24/2014	Date of Injury:	03/14/2008
Decision Date:	01/09/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/14/2014

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 Occupational Medicine and is licensed to practice in Montana. 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 an office worker with a date of injury of 3/14/08. The injury resulted from carrying heavy boxes. She developed immediate pain in the shoulders and elbows. Treatment has included physical therapy, chiropractic treatment, acupuncture, medications, bilateral arthroscopic shoulder surgery, bilateral elbow surgery, and home exercise program. Electrodiagnostic studies in February 2012 demonstrated bilateral carpal tunnel syndrome. She continues to have left shoulder pain and bilateral elbow and wrist pain. Her current diagnoses include left shoulder strain/sprain with impingement status post arthroscopic surgery, right elbow radial nerve syndrome, bilateral elbow pain status post surgery for lateral epicondylitis, bilateral wrist sprain and bilateral carpal tunnel syndrome. The primary treating physician has requested a shower chair and an orthopedic adjustable bed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Shower 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, Knee & Leg (Acute & Chronic)

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

Decision rationale: The MTUS does not address shower chairs. The ODG guidelines note that DME is recommended generally if there is a medical need and if the device or system meets Medicare's definition of DME. 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 ODG guidelines state that bathtub seats are considered a comfort or convenience item, hygienic equipment, & not primarily medical in nature. The request for a shower chair is not supported by the MTUS or the ODG guidelines and is not medically necessary.

1 Orthopedic adjustable bed: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Pain, Mattress selection

Decision rationale: The MTUS does not address the request for orthopedic adjustable bed. The ODG guidelines do not recommend firmness as sole criteria for mattress selection. In a recent RCT, a waterbed [REDACTED] and a body-contour foam mattress [REDACTED] generally influenced back symptoms, function, and sleep more positively than a hard mattress, but the differences were small. The dominant problem in this study was the large amount of dropouts. The predominant reason for dropping out before the trial involved the waterbed, and there was some prejudice towards this type of mattress. The hard mattress had the largest amount of test persons who stopped during the trial due to worsening LBP, as users were more likely to turn around in the bed during the night because of pressures on protruding body parts. (Bergholdt, 2008) Another clinical trial concluded that patients with medium-firm mattresses had better outcomes than patients with firm mattresses for pain in bed, pain on rising, and disability; a mattress of medium firmness improves pain and disability among patients with chronic non-specific low-back pain. (Kovacs, 2003) There are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. Mattress selection is subjective and depends on personal preference and individual factors. On the other hand, pressure ulcers (e.g.,

from spinal cord injury) may be treated by special support surfaces (including beds, mattresses and cushions) designed to redistribute pressure. The guidelines do not address orthopedic adjustable bed for upper extremity conditions. In this case, there is no diagnosis of low back pain or pressure ulcers. No support can be found in the treatment guidelines for an orthopedic adjustable bed. The request is considered to be not medically necessary.