

<b>Case Number:</b>	CM14-0203260		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	03/15/2011
<b>Decision Date:</b>	02/05/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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 Physical Medicine Rehab, has a subspecialty in Interventional Spine 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 patient is a 62 year old female with an injury date of 03/15/11. Per physician's progress report dated 11/10/14, the patient complains of stiffness in right shoulder and right hand. Physical examination reveals that the patient's right hand is very cold to touch. The range of motion of her fingers and DIP joints is severely limited, and the patient is unable to make a fist. Examination of the shoulder also reveals a limited range of motion with flexion at less than 140 degrees, abduction at less than 80 degrees, and extension at 50 degrees. As per psychopharmacology report dated 10/06/14, the patient has been diagnosed with adjustment disorder with anxious and depressed moods. Medications, as per progress report dated 10/17/14, include Naltrexone, Elavil, Gabapentin, and Lidoderm patches. Diagnoses, 11/10/14:- Complex regional pain syndrome with severe right hand stiffness- Status post revision arthroscopy rotator cuff repair with severe adhesive capsulitis- Status post history of arthroscopic extensive capsular release, subacromial decompression- Small, recurrent partial-thickness rotator cuff tear, right shoulder- Chronic pain syndrome. The treater is requesting for (a) CUSTOM BRA X 7 (b) HAIR STYLING 1 X EVERY MONTH. The utilization review determination being challenged is dated 11/13/14. Treatment reports were provided from 05/19/14 - 11/10/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Custom Bra X7:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

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

**Decision rationale:** The patient presents with stiffness in right shoulder and right hand with extremely limited range of motion, as per progress report dated 11/10/14. The request is for CUSTOM BRA X 7. ODG guidelines, Chapter 'Knee & Leg' and Title 'DME', states that "The term DME 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. (CMS, 2005)" DME 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." In this case, the patient is suffering from severe hand and shoulder pain which is limiting her movement. In progress report dated 11/10/14, the treater states that the patient is having difficulty putting on her bra due to "severe limitation of her right upper extremity, her limitation of the use of her hand, as well as her limitation of shoulder motion." The treater further states that the patient needs 7 custom bras so she can wear one every day of the week. ODG, ACOEM and MTUS guidelines do not specifically discuss custom bras. The request does not fit the criteria for DME, and IS NOT medically necessary.

**Hair Styling 1x Every Month:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Services Page(s): 51.

**Decision rationale:** The patient presents with stiffness in right shoulder and right hand with extremely limited range of motion, as per progress report dated 11/10/14. The request is for Hair Styling 1 X Every Month. MTUS page 51 has the following regarding home services, "recommended only for otherwise recommended medical treatment for patients who are home bound on a part time or intermittent basis generally up to no more than 35 hours per week. Medical treatments do not include homemaker services like shopping, cleaning, and laundry and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." In this case, the patient is suffering from severe hand and shoulder pain which is limiting her movement. In progress report dated 11/10/14, the treater states it is extremely difficult for the patient to do "self-care such as doing her hair." The treater is, therefore, requesting for hair styling once every month. The MTUS, ACOEM and ODG guidelines do not address hair styling specifically. However, MTUS guidelines state that those medical treatments do not include personal care. Hence, this request IS NOT medically necessary.

