

Case Number:	CM14-0206287		
Date Assigned:	12/18/2014	Date of Injury:	12/17/2012
Decision Date:	02/26/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/09/2014

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. 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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 (IW) is a 56-year-old man with a date of injury of December 17, 2012. The mechanism of injury is not documented in the medical record. The injured worker's working diagnosis is right shoulder rotator cuff repair, subacromial decompression, and distal clavicle resection. Pursuant to the clinic note dated November 7, 2014, the IW presents for a follow-up following his right shoulder rotator cuff surgery on October 22, 2014. The IW reports he is doing fairly well. He has been in a sling as instructed. He has been doing some flexion and extension of his elbow. He is having difficulty sleeping and was told he could ask for a prescription for a rental recliner to help with that. Examination of the right shoulder shows well-healed portal sites and incisions that are in the AC joint. There is some swelling along the shoulder down to the mid-upper arm. He has normal sensation in the radial, median, and ulnar nerve distributions. The provider reports that she has written a prescription for a recliner for the next 3 months. She states, "this will help him sleep upright at night, which is more comfortable for patients after this type of surgery". The current request id for DME: [REDACTED] X 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME- [REDACTED] **times 3 Months:** 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, DME

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 Section, DME.

Decision rationale: Pursuant to the Official Disability Guidelines, [REDACTED] times three months is not medically necessary. Durable medical equipment is defined as equipment that can withstand repeated use (i.e. could normally be rented); is primarily and customarily used to serve a medical purpose; generally is not useful to a person in the absence of illness or injury; and is appropriate for use in the patient's home. In this case, the injured worker's working diagnosis is right shoulder rotator cuff repair, subacromial decompression and distal clavicle resection. The treating physician wrote a prescription for a recliner for the next three months. He indicates this will help him sleep upright at night which is much more comfortable after this type of surgery. This is not a clinical indication/rationale for durable medical equipment. DME is primarily used to serve a medical purpose. The recliner is not customarily used to serve the medical purpose. DME is generally not useful to a person in the absence of illness or injury. A recliner is generally useful to a person in the absence of illness or injury. Consequently, there was no documentation in the medical record to support the [REDACTED] medical necessity. Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, DME-[REDACTED] times three months is not medically necessary.