MAXIMUS Federal Services

| Case Number: | CM15-0137020 | | |
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| Date Assigned: | 07/27/2015 | Date of Injury: | 02/21/2015 |
| Decision Date: | 08/24/2015 | UR Denial Date: | 07/09/2015 |
| Priority: | Standard | Application Received: | 07/15/2015 |

## 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
Certification(s)/Specialty: Emergency 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 is a 59-year-old female who sustained an industrial injury on 2/21/15. She had complaints of neck, back, right shoulder, right arm and right knee pain. She was diagnosed with rotator cuff tear. Treatments include: medication, physical therapy, aqua therapy, sling and surgery. Progress report dated 5/11/15 reports status post right shoulder arthroscopy with debridement and rotator cuff tear. She states she is doing well with moderate pain. She is wearing her sling and is ready to start physical therapy. Diagnosis: status post right shoulder arthroscopy with debridement and repair of rotator cuff. Plan of care includes: begin physical therapy twice weekly for six weeks. Increase activity to 5-pound maximum until the next visit. Prescribed percocet for pain. Work status: not yet permanent and stationary at this time. Follow up in 6 weeks. Progress report dated 6/22/15 reports complaints of neck and back pain. Plan of care remains the same with the addition of Soma 350 mg for spasms and sleep. Work status the same. Follow up in 6 weeks.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Zero gravity recliner purchase:** Upheld

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

**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(acute and chronic), Durable Medical Equipment(DME).

**Decision rationale:** There is no appropriate section in the MTUS Chronic pain or ACOEM guidelines concerning this topic. There are also no published quality studies concerning this topic. The assumed "zero gravity recliner" as described from notes is essentially nothing more than a recliner that reclines further back than normal. As per Official Disability Guide, this device would fall under criteria for Durable Medical Equipment (DME) but there is no specific sub- heading specifically concerning a powered lift chair. As per ODG, criteria for DME recommendation include: 1) Can withstand repeated use 2) Primarily and customarily used for medical purpose 3) Not useful in abscess of illness or injury 4) Appropriate for home use. The recliner does not meet criteria 2 and 3. This device is widely sold in many furniture stores. It can be used for non-medical purposes and for the convenience of its user. It is not primary for medical purpose only. The treating physician has not documented any medical rationale for a piece of furniture that anyone can buy. As per ODG criteria, the "zero-gravity recliner" is not Durable medical equipment (DME) and is not medically necessary.