

Case Number:	CM15-0021486		
Date Assigned:	02/11/2015	Date of Injury:	11/16/2011
Decision Date:	04/02/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/04/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 49 year old female, who sustained an industrial injury on November 16, 2011. She has reported bilateral shoulder pain, right elbow pain, and bilateral hand, thumb and wrist pain with associated numbness, swelling and weakness. The diagnoses have included right shoulder type 1 acromion without impingement, mild tendonitis of the supraspinatus tendon, lateral epicondylitis of the right elbow and write wrist swelling of the distal radioulnar joint. Treatment to date has included radiographic imaging, diagnostic studies, injections, conservative therapies and pain medications. Currently, the Injured Worker complains of reported bilateral shoulder pain, right elbow pain, and bilateral hand, thumb and wrist pain with associated numbness, swelling and weakness. The injured worker reported an industrial injury in 2011, resulting in chronic pain as previously noted. She was treated with conservative therapies without resolution of the pain. She reported an increased ability to perform activities of daily living with physical therapy as well as decreased pain. On December 18, 2014, evaluation revealed continued chronic pain. A zero gravity chair and orthopedic mattress were requested. On January 12, 2015, Utilization Review non-certified a request for the purchase of a zero gravity chair, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 21, 2105, the injured worker submitted an application for IMR for review of requested Purchase of Zero Gravity Chair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Zero Gravity Chair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & Leg, 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, Durable Medical Equipmen.

Decision rationale: The attached medical record for the injured employee indicates that there is a diagnosis of upper extremity shoulder impingement with tendinitis, elbow lateral epicondylitis, and swelling of the distal radial ulnar joint of the wrist. It is unclear what potential benefit there is for these upper extremity issues with the issue of the zero gravity chair. Without justification to support its use, this request for a zero gravity chair is not medically necessary.