MAXIMUS Federal Services

| Case Number: | CM15-0042823 | | |
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| Date Assigned: | 03/13/2015 | Date of Injury: | 12/22/2014 |
| Decision Date: | 04/17/2015 | UR Denial Date: | 02/17/2015 |
| Priority: | Standard | Application Received: | 03/06/2015 |

## 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: Utah, Arkansas
Certification(s)/Specialty: Family Practice

## 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 66-year-old male, who sustained a work/ industrial injury on 12/22/14. He has reported initial symptoms of left upper extremity pain with fracture. The injured worker was diagnosed as having fracture of humerus shaft. Treatments to date included medication, brace, assistive device (trapeze), and orthopedic care. X-rays of the humerus show abundant callous formation, healed fracture. Alignment remains appropriate. Computed Tomography (CT) of the left shoulder and proximal humerus on 12/29/14 demonstrated spiral fracture of the humeral diaphysis extending proximally with angulation and displacement, non-displaced greater tuberosity fracture. Shoulder joint is located. Currently, the injured worker complains of left shoulder stiffness. The treating physician's report (PR-2) from 3/4/15 indicated a follow up s/p left humerus fracture. The pain was reported as decreased, substantially. The shoulder was stiff and sore. There was no swelling or ecchymosis. Range of motion of the elbow was 0-150 degrees with full pronation and supination. Active shoulder elevation was 100 degrees. There was no tenderness with palpation over the fracture site, and the humerus seemed to move as a unit. A small anterolateral prominence can be palpated. Distal neurovascular exam remains intact. Medications included Bupropion Hcl, Lorazepam, Percocet, Soma, Nabumetone, Soma, and Percocet. Treatment plan included beginning physical therapy for range of motion exercising, removing brace, follow up x-rays. Per the orthopedic care physician, there was a notation of inability to get out of a regular chair without assistance on 2/10/15. A request was made for a recliner chair with electronic lift.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Recliner chair with electronic lift:** 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), Durable Medical Equipment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - Knee and Leg, Durable Medical Equipment.

**Decision rationale:** MTUS treatment guidelines are silent concerning the above request. Other guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for a recliner chair with electric lift. The clinical documents state that the patient has a healing humerus fracture, and that the patient will be starting physical therapy soon. There is no medical indication at this time why the patient would require a recliner chair with an electronic lift. According to the clinical documentation provided and current guidelines, a recliner chair with electric lift is not indicated as a medical necessity to the patient at this time.