MAXIMUS Federal Services

Case Number:	CM15-0049566		
Date Assigned:	03/23/2015	Date of Injury:	06/06/2014
Decision Date:	05/01/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/16/2015

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: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 66 year old female sustained an industrial injury on 6/6/14. She subsequently reported left shoulder pain. Diagnostic testing has included x-rays and MRIs. Diagnoses include rotator cuff sprain/ strain and shoulder impingement. Treatments to date have included shoulder surgery, chiropractic care, modified work duty, physical therapy, acupuncture and prescription pain medications. The injured worker continues to complain of left shoulder pain. A request for an electric recliner chair was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electric Recliner Chair: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Chapter Knee & Leg, DME.

Decision rationale: The patient presents with left shoulder pain. The request is for ELECTRIC RECLINER CHAIR. The request for authorization is not provided. The patient is status-post left shoulder rotator cuff repair, 12/12/14. MRI of the lumbar spine, 01/26/15, shows L4-L5 central disc protrusion with facet arthropathy and moderate to severe vertebral canal stenosis, actual imaging not provided. She is overall feeling better and making progress and is continuing to benefit from home health care. She is still very disable regarding the ability to cook, clean, perform hygiene, and dress herself and needs assistance on a daily basis and this is being provided. She had a setback on, 01/26/15, when she had onset of low back pain radiating to left lower extremity. She went to the emergency at [redacted] and a MRI of the lumbar spine is done the same day. Since then, the symptoms have eased up a little bit; however, she is having ongoing back pain and would like some treatment to that area. Pain varies with activities and can be up to 6-8/10. The patient is off work. 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." Per Rx dated, 01/29/15, treater's reason for the request is "for work injury post-surgical care." Per progress report dated, 01/29/15, treater states, "With regards to spinal stenosis, this is a nonindustrial condition; however, industrial events have resulted in exacerbation. The likelihood is that this can be treated in a simple conservative manner and the patient can return to her baseline with no permanent industrial sequela with regard to the lumbar spine." However, the treater does not provide an explanation for the medical purpose of the electric recliner chair. ODG does not recommend durable medical equipment unless it has a specific medical purpose. Therefore, the request IS NOT medically necessary.