

<b>Case Number:</b>	CM15-0087028		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	08/07/2012
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 56-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of August 7, 2012. In a Utilization Review report dated April 9, 2015, the claims administrator failed to approve a request for a Shiatsu Seat Topper with associated heat. The claims administrator stated that the request was not specific as to precisely what was being sought. Non-MTUS ODG guidelines were invoked in the determination. An April 1, 2015 progress note and an associated April 2, 2015 RFA form was also cited. The applicant's attorney subsequently appealed. On February 4, 2015, the applicant's primary treating provider stated that the applicant needed to continue physical therapy. The applicant's blood sugars were reportedly poorly controlled, it was stated. Visible stiffness about the shoulder was noted. Additional physical therapy was proposed while the applicant was seemingly kept off work. In an RFA form dated April 7, 2015, a brand name Shiatsu Seat Topper with heat was endorsed. In an associated work status report of April 1, 2015, the applicant was placed off of work, on total temporary disability. On a progress note of the same date, April 1, 2015, the applicant reported ongoing complaints of shoulder pain. The applicant was not working, it was reiterated. The applicant was very disappointed with her progress, it was stated. Shoulder abduction was limited to 100 degrees. Additional physical therapy was sought. The Shiatsu Seat Topper with associated heat was endorsed. The applicant was apparently using unspecified opioids being prescribed by another provider, it was stated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME: Shiatsu Seat Topper with Heat:** 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) Knee & Leg, Online Version, Durable Medical Equipment (DME).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines 3rd edition Shoulder Disorders pages 266, 717-719, 696, 1768 and 1769.

**Decision rationale:** No, the request for a Shiatsu Seat Topper with heat was not medically necessary, medically appropriate, or indicated here. The Shiatsu Seat Topper with heat represents a high-tech device for delivering massage therapy, per the product description. The MTUS does not address the topic of mechanical devices for the purposes of administering massage. However, the Third Edition ACOEM Guidelines Low Back, Chronic Pain, and Shoulder Chapters all note that the use of mechanical devices for administering massage is "not recommended." Here, the attending provider failed to furnish a clear, compelling, or cogent applicant-specific rationale which would offset the unfavorable ACOEM positions on the article at issue. Therefore, the request was not medically necessary.