

Case Number:	CM15-0089512		
Date Assigned:	05/13/2015	Date of Injury:	09/28/2010
Decision Date:	06/15/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/08/2015

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, Indiana, Oregon
Certification(s)/Specialty: Orthopedic Surgery

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 57 year old male sustained an industrial injury to bilateral shoulders on 9/28/10. Previous treatment included right shoulder arthroscopy with capsular release and debridement (11/19/13), injections, physical therapy, home exercise and medications. Magnetic resonance imaging left shoulder (2/26/15) showed mild hypertrophic changes in the acromioclavicular joint with mild lateral downsloping type II acromion with impingement, rotator cuff tendinopathy without evidence of a tear and mild tendinopathy of the biceps. In a progress note dated 4/24/15, the injured worker complained of ongoing left shoulder pain. The injured worker had completed physical therapy with some improvement in strength but no pain relief. Physical exam was remarkable for left shoulder with tenderness to palpation at the lateral margin of the acromion with painful range of motion, positive Neer's and Hawkin's test, 4/5 strength and intact neurologic exam. The physician noted that the shoulder was stable to exam. Current diagnoses included left shoulder rotator cuff tendinopathy secondary to impingement, left shoulder asymptomatic acromioclavicular arthritis and complete rupture of rotator cuff, right shoulder. The treatment plan included left shoulder arthroscopy with subacromial decompression and associated surgical services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shower Chair: 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, Durable Medical.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee.

Decision rationale: CA MTUS/ACOEM is silent on the use of shower chairs post operatively. ODG knee is referenced. Typically DME can be recommended, however it is noted that most bathroom and toilet supplies do not typically serve a medical purpose and are primarily for convenience. Based on this, the request is not medically necessary.