MAXIMUS Federal Services

Case Number:	CM15-0011503		
Date Assigned:	01/29/2015	Date of Injury:	02/05/2011
Decision Date:	03/24/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/21/2015

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:

The injured worker is a 64 year old female, who sustained an industrial injury on 2/5/11. She has reported pain in the neck, back, arms, shoulders and head. The diagnoses have included left shoulder tendinosis, chronic pain syndrome and joint arthrosis. Treatment to date has included MRI of the shoulder, physical therapy and oral medications. As of the PR2 dated 11/7/14, the injured worker reported constant bilateral shoulder and lumbar sacral pain. The treating physician requested a bathing/shower chair purchase and a leg wedge cushion purchase. On 1/9/15 Utilization Review non-certified a request of a bathing/shower chair purchase and a leg wedge cushion purchase. The utilization review physician cited the ACOEM guidelines and medical necessity. On 1/21/15, the injured worker submitted an application for IMR for review of a bathing/shower chair purchase and a leg wedge cushion purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bathing/Shower Chair purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare-Medicaid Services - DME

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee & leg chapter, DME

Decision rationale: The 65 year old patient presents with left shoulder pain, rated at 10/10, as per progress report dated 07/25/14. The request is for BATHING SHOWER CHAIR PURCHASE. There is no RFA for this case, and the patient's date of injury is 02/05/11. The patient suffered from neck, back, arm, shoulder and head injuries, as per progress dated 07/25/14. MRI of the left hand, dated 07/10/14 and reviewed in progress report dated 07/25/14, revealed mild supraspinatus tendinosis with mild AC joint arthrosis. Diagnoses included complex regional pain syndrome of the bilateral upper extremities and status post continuous trauma injuries involving neck, back and upper extremities. In progress report dated 12/19/14, the patient complains of bilateral shoulder and lumbar spine pain rated at 9+/10. The patient is temporarily totally disabled, as per the same progress report.The MTUS and ACOEM Guidelines do not address this request. However, ODG Guidelines for durable medical equipment states that it is generally recommended if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME). DME is an equipment that can withstand repeated use; primarily and customarily used to serve a medical purpose; generally not useful to a person in the absence of illness or injury; is appropriate for use in the patient's home. In this case, the progress reports are handwritten and illegible. The treater does not discuss the need for the shower chair. The patient suffers from shoulder and lower back pain rated at 9+/10. The patient also suffers from limited range of motion on all planes. There is no documentation provided to provide medical rationale as to why the patient requires a shower chair. There are no examination findings to indicate that the patient must sit while taking a shower and there is no documentation of lower extremity weakness. The current request IS NOT medically necessary.

Leg Wedge Cushion purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare-Medicaid Services - DME

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee & leg chapter, DME

Decision rationale: The 65 year old patient presents with left shoulder pain, rated at 10/10, as per progress report dated 07/25/14. The request is for LEG WEDGE CUSHION PURCHASE. There is no RFA for this case, and the patient's date of injury is 02/05/11. The patient suffered from neck, back, arm, shoulder and head injuries, as per progress dated 07/25/14. MRI of the left hand, dated 07/10/14 and reviewed in progress report dated 07/25/14, revealed mild supraspinatus tendinosis with mild AC joint arthrosis. Diagnoses included complex regional pain syndrome of the bilateral upper extremities and status post continuous trauma injuries involving neck, back and upper extremities. In progress report dated 12/19/14, the patient complains of bilateral shoulder and lumbar spine pain rated at 9+/10. The patient is temporarily totally disabled, as per the same progress report.The MTUS and ACOEM Guidelines do not address this request. However, ODG Guidelines for durable medical equipment states that it is generally recommended if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME). DME is an equipment that can withstand repeated use;

primarily and customarily used to serve a medical purpose; generally not useful to a person in the absence of illness or injury; is appropriate for use in the patient's home.In this case, the progress reports are handwritten and illegible. The patient suffers from shoulder and lower back pain rated at 9+/10. The patient suffered from neck, back, arm, shoulder and head injuries, as per progress dated 07/25/14. However, there is no documentation of leg pain. The treater does not discuss the need for this equipment, and the request IS NOT medically necessary.