

Case Number:	CM13-0022068		
Date Assigned:	03/19/2014	Date of Injury:	07/01/2012
Decision Date:	04/22/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	09/09/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a patient with a date of injury of 7/1/12. A utilization review determination dated 8/8/13 recommends non-certification of a Jacuzzi tub. 7/1/13 medical report identifies left knee pain with weakness and swelling. He is s/p arthroscopy 2/15/13 and Synvisc One 5/21/13. He has found some benefit in improving his symptoms with the use of a Jacuzzi tub. On exam, there is trace effusion, ROM 0 to 115 degrees, and manual muscle testing 4-/5. Recommendations include an additional course of PT and a Jacuzzi tub.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: JACUZZI TUB: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Level Heat Wrap Therapy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 333, Chronic Pain Treatment Guidelines Page(s): 22, 98-99.

Decision rationale: Regarding the request for a Jacuzzi tub, California MTUS does not address the issue, although they do support the use of aquatic therapy when there is a need for decreased weightbearing, such as in extreme obesity. They also support the use of modalities such as cold

and heat packs at home. Within the documentation available for review, there is documentation that the patient has had improved symptoms when using a Jacuzzi tub. However, there is no evidence-based guidelines/peer-reviewed literature support for its use in the management of knee osteoarthritis or any clear indication of significant functional benefit from the use of a Jacuzzi tub. Furthermore, there is no clear rationale for its use rather than simple modalities that are supported such as application of heat and/or cold packs. In light of the above issues, the currently requested Jacuzzi tub is not medically necessary.