

<b>Case Number:</b>	CM13-0025150		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	03/15/2002
<b>Decision Date:</b>	02/19/2014	<b>UR Denial Date:</b>	08/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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 physician 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:

The patient is a 58 year old female who reported an injury on 03/15/2002. As a result of the injury, the patient underwent a C5-7 fusion and left knee arthroscopy. The patient developed chronic pain. Previous treatments included psychiatric support, medications, a functional restoration program, and a home exercise program. The most recent clinical documentation revealed tenderness and mild spasming of the cervical paraspinal musculature with decreased range of motion, the lumbar spine had mild to moderate tenderness and spasming upon palpation with decreased range of motion. The patient's diagnoses included status post cervical spine fusion from the C5-7 and status post lumbar spine fusion from the L3-S1, depression, anxiety, headaches, left hip strain, and right knee strain. The patient's treatment plan included continuation of medication management, continuation of psychological support, participation in a yoga program, and a walk-in bathtub with built-in seat.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Walk-In Bathtub with Built in Seat:** 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 (ODG), Knee and Leg Chapter, Durable Medical Equipment (DME).

**Decision rationale:** The requested walk-in bathtub with built-in seat is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has chronic pain to multiple body parts. Official Disability Guidelines state "medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature." It is also stated that "most bathroom and toilet supplies do not customarily serve a medical purpose, and are primarily used for convenience in the home. It is noted within the documentation that the patient has a custom-built bathroom and the patient would benefit from modification, due to a high risk of falls. However, as this modification would be considered environmental in nature, it would not be considered medically necessary. As such, the requested walk-in bathtub with built-in seat is not medically necessary or appropriate.