

Case Number:	CM13-0035018		
Date Assigned:	03/19/2014	Date of Injury:	06/15/1994
Decision Date:	05/08/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/16/2013

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 Family Practice, 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:

The injured worker is a 75-year-old male who reported an injury on 6/15/94. The mechanism of injury was not provided in the medical records. The 9/12/13 clinical note reported a complaint of low back pain. The note stated that the injured worker controlled his pain with his medication regimen, which included Butrans patches and morphine sulfate. The note stated that the injured worker was able to perform his activities of daily living with less pain. On examination, he had limited range of motion of the lumbar spine with pain upon motion and tenderness to palpation. The note stated that the injured worker had deterioration of his hands and hips such that he was no longer able to safely climb in and out of his Jacuzzi, which he used to control his low back and hip pain. As such, he requested a walk-in Jacuzzi. He was recommended to continue his medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 REPLACEMENT OF PRESENT JACUZZI, FOR A WALK-IN JACUZZI, FOR TREATMENT OF THE LUMBAR SPINE AS AN OUTPATIENT.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

Decision rationale: The Official Disability Guidelines state that whirlpool bath equipment may be indicated if the patient is homebound and has a condition for which the whirlpool bath can be expected to provide substantial therapeutic benefit justifying its cost, such as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. The documentation submitted did not provide evidence the patient is homebound or that the whirlpool would be part of a medical treatment plan for injury, infection, or condition that results in physical limitations. Given the above, the request is non-certified.