

<b>Case Number:</b>	CM13-0046409		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/18/2000
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Occupational Medicine 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of July 18, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; prior cervical fusion surgery; proton pump inhibitors for derivative reflux; and extensive periods of time off of work. In a utilization review report of October 10, 2013, the claims administrator denied request for a walk-in tub and for a kitchen remodeling, noting that ACOEM does not endorse provision of these articles as part and parcel of medical treatment for low back and neck injuries. The applicant's attorney subsequently appealed. On August 15, 2013, the applicant was apparently issued with a prescription for Prilosec for reflux. On June 26, 2013, the attending provider ordered a sleep mattress to help the applicant get out of bed easier. The applicant was placed off of work, on total temporary disability, on that date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kitchen remodel:** 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 ODG Integrated Treatment/Disability Duration Guidelines Knee

**Decision rationale:** The MTUS does not address the topic at hand. As noted in the ODG knee chapter durable medical equipment topic, DME is defined as equipment which can withstand repeated use, can be rented, can be used by successive individuals, and is primarily and customarily used to serve a medical purpose, and is generally not useful to an applicant in the absence of illness or injury. In this case, the proposed kitchen remodel, quite clearly, does not meet the definition of DME set forth in ODG. The kitchen remodeling would be useful to the applicant in the absence of illness or injury. It is not intended to serve a medical purpose. It is intended as an article of personal convenience. It cannot be rented and it cannot be used by successive individuals. For all of these reasons, then, the proposed kitchen remodel is not certified on the grounds that it is not an article of DME which would be useful in the treatment of the applicant's medical conditions.

**Walk-in tub:** 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 ODG Integrated Treatment/Disability Duration Guidelines Knee

**Decision rationale:** The MTUS does not address the topic. As noted in the ODG knee chapter durable medical equipment topic, DME is generally intended to serve a medical purpose and should not be useful to an applicant in the absence of illness or injury. In this case, however, the proposed walk-in tub is not intended for medical purposes. It would be useful to any individual without an illness or injury. It is not clear what role this would serve in the treatment of the applicant's chronic multifocal pain issues. Therefore, the request is likewise not certified, on independent medical review.