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| Case Number: | CM13-0049778 | | |
| Date Assigned: | 04/25/2014 | Date of Injury: | 02/15/2011 |
| Decision Date: | 06/02/2014 | UR Denial Date: | 10/31/2013 |
| Priority: | Standard | Application Received: | 11/08/2013 |

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 Interventional Spine, 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 patient is a 60 year old with an injury date of 2/15/11. Based on the 10/24/13 progress report by [REDACTED] the diagnoses are cervical radiculopathy and mechanical low back pain. According to the medical records provided for review, the patient first injured her back on 9/28/99 when she slipped and fell in a bathroom. She developed complaints to her neck and upper extremities, left side more than right, as well as her low back and left lower extremity. On 2/15/11, the patient had an 100 pound table fall on her palms, after which she felt increased pain in her neck, back, and bilateral wrists and shoulders. In August 2010, she underwent a laminectomy from C3 through C6, but pain came back two months later. An MRI of the lumbar spine on 6/27/12 showed multiple disc bulges in the range of 1-2mm along with facet arthropathy at C2-3 through L5-S1, worse at L2-3. An examination on 9/13/13 showed that patient had tenderness to the posterior neck, limited range of motion due to pain, normal coordination in the upper extremities, normal gait, and muscle strength at 4/5.

IMR ISSUES, DECISIONS AND RATIONALES

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

WALK-IN BATHTUB: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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: According to the 1/9/13 report by [REDACTED], this patient presents with a long-standing history of upper and lower back pain rated at 10/10. The upper back and neck pain is mainly localized in the posterior cervical neck radiating down the shoulders into the interscapular region and the arms and fingers with occasional tingling sensations, worse on the left. Her lower back pain is mainly localized in the lower lumbosacral region radiating down the buttocks across the lower back, hips, anterior groins, and thighs, worse on the left, with numbing sensations in the feet. The 4/18/13 report stated that the patient's low back and neck are hurting more since her last clinical visit on 3/15/13. The 5/24/13 report stated that the patient had only weakness, no pain. The 3/15/13 report by [REDACTED] stated that the patient felt a new pain radiating diffusely in the right upper extremity from forearm to wrist with consistent numbness and tingling in the left wrist to fingertips. The pain had begun a week prior. She had loss of grip strength and dexterity in both hands. The patient had constant lower back pain at the lumbosacral junction, rated 9/10. Sitting, standing, walking, bending, stooping, lifting, carrying, pushing, and pulling all increased her back pain, which radiated to the anterior aspect of both thighs and into the buttocks. Tingling was also present in the anterior thighs and both calves. Her legs felt weak, sometimes giving way and causing her to fall. In the 10/24/13 report, [REDACTED] states that the patient is requesting walk-in tub as she is having difficulty getting into her current one. This was due to her lumbar spine symptoms. The Official Disability Guidelines state that durable medical equipment is recommended if prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations and if the device meets Medicare's definition of durable medical equipment which include: (1) Being able to withstand repeated use, i.e., it could normally be rented, and used by successive patients; (2) It is primarily and customarily used to serve a medical purpose; (3) It is generally not useful to a person in the absence of illness or injury; and (4) It is appropriate for use in a patient's home." In this case, the treating physician has asked for a walk-in bathtub. However, the treating physician does not explain why a shower chair with a grab-bar, a more traditional form of durable medical equipment, would not work. As such, the request is not medically necessary.