

Case Number:	CM13-0050588		
Date Assigned:	12/27/2013	Date of Injury:	07/01/1998
Decision Date:	12/12/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/14/2013

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 Medicine and is licensed to practice in New York. 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 78 year-old male who was injured on 7/1/98. He complained of left shoulder, lower back, and bilateral leg pains. In 5/2013, he had surgery for a left rotator cuff repair. In 6/2013, he underwent a right elbow repair of the ruptured distal triceps tendon and right elbow exostectomy with a bursectomy. He had physical therapy for shoulders and elbow. He complained of lower back pain with radiation to the buttocks and legs with some weakness, and numbness and tingling from knees to feet. He utilizes a TENS unit for his back and shoulder pain. He takes Neurontin. The patient is requesting a walk-in tub because "he cannot really lift his legs due to his lower back problems." On exam, he was described to be unbalanced and "potentially dangerous without the use of the walker". He has to use both arms to get up out of chair. He had generalized weakness of both extremities and unobtainable deep tendon reflexes. He was diagnosed with degenerative disc disease and spondylosis of the lumbar spine with disc space collapse status post fusion from L4 to S1 associated with lower extremity radiculopathy and neuropathy. He then had exploration for the lumbar fusion with an extension of the fusion to L2 with a decompression in in 6/2008, then exploration of the lumbar fusion with removal of retained hardware in 8/2008. He was also diagnosed with bilateral sacroiliac joint sprains with probable arthritis, irreparable right shoulder rotator cuff tear, left shoulder rotator cuff tear associated with impingement status post-surgery. The current request is for the purchase of a walk-in tub.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase 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 (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Durable Medical equipment

Decision rationale: The request is considered not medically necessary. The patient is requesting the purchase of a walk-in bath tub due to the weakness of legs and back pain. There are no MTUS guidelines for this. According to Official Disability Guidelines, "most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. 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." The purchase of a walk-in tub is not considered to serve a medical purpose which is one of the terms that describes durable medical equipment. Therefore, the request is considered not medically necessary.