

Case Number:	CM13-0054238		
Date Assigned:	12/30/2013	Date of Injury:	08/25/1998
Decision Date:	03/17/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 reported an injury on 08/25/1998. The mechanism of injury was not provided for review. There was no clinical examination to support the request. A request was made for a shower stall.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shower stall: 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 shower stall is not medically necessary or appropriate. The Official Disability Guidelines do not recommend environmental changes as medically necessary and are not classified as durable medical equipment. Additionally, the clinical documentation submitted for review does not provide any evidence of a significant safety risk that would support the need to extend treatment beyond Guideline recommendations. Also, the clinical documentation submitted for review does not include that the patient is confined to 1 room and

would require any type of bathroom assistance. As such, the requested shower stall is not medically necessary or appropriate.