

<b>Case Number:</b>	CM13-0066601		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	06/18/1998
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 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 64 year old male with date of injury 5/18/98. The treating physician report dated 8/22/13 indicates that the patient presents with chronic back pain that has caused him to require the usage of a wheelchair to get from the house to the car. The current diagnosis is lumbar post-laminectomy syndrome. The utilization review report dated 11/22/13 denied the request for shower modifications based on lack of information to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SHOWER MODIFICATIONS:** 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), Knee & Leg (updated 6/7/13) Durable Medical Equipment (DME)

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

**Decision rationale:** The patient presents with chronic back pain and radicular pain. The current request is for shower modifications. The treating physician reports on 9/25/13 that the patient

requested review of modifications made to his shower. The treating physician states, "Updated photos of shower, showing modifications appropriate for a wheelchair bound patient. 8/11/13 Invoice from SPL Interiors and Exteriors, for \$8750.00 to remove fiberglass unit, change drain, install new membrane, tile and grout and install handicap bars and glass shower enclosure." The treating physician states in his discussion, "I have gone over these modifications with the patient, who provided me the photos. He clearly cannot use a fiberglass shower. The modifications are reasonable and appropriate on an industrial basis." The report dated 9/25/13 did not entail a face-to-face examination. The 11/14/13 treating physician report states that the patient is doing a home exercise program, "Isometrics, stand on my toes and tummy tucks." The treating physician also states, "He and his caregiver state that when he had the therapy, he was able to walk from the house to the car with a walker, he states that he is no longer able to do that, so that he has to use a wheelchair to get from the house to the car." Physical examination findings state, "The patient was observed to require a wheelchair. He could walk about 3 steps. The body is tilted to the left. The gait was short, unsteady and antalgic." There is no documentation provided that indicates that the patient is bound to a wheelchair or that he cannot use a shower chair. There is no explanation as to why a simple shower grab bar with a shower chair is insufficient and why such an elaborate modification is needed, why a glass enclosure is needed rather than fiberglass, and why tile and drain must be changed. Drainage problem is not a medical issue but a plumbing issue. The MTUS Guidelines do not address shower modifications or durable medical equipment. The ODG Guidelines state, "The term DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; Final Determination Letter for IMR Case Number CM13-0066601 4 (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. (CMS, 2005) In this case the treating physician has failed to document the medical necessity for the modifications that were performed. Recommendation is for denial. The shower modifications are not medically necessary and appropriate.