

<b>Case Number:</b>	CM13-0068812		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	10/22/2007
<b>Decision Date:</b>	06/13/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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 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 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 an employee of [REDACTED] and has submitted a claim for low back and right knee pain associated with an industrial injury date of October 22, 2007. Treatment to date has included medications, physical therapy, and left knee arthroscopy. Medical records from 2013 were reviewed, which showed that the patient complained of low back and right knee pain, 7/10. On physical examination, cervical and lumbar paravertebrals were tender with spasm and restricted range of motion. Straight-leg-raising was positive bilaterally. Sensation was reduced in bilateral L5 distribution. There was also weakness of the EHL and ankle dorsiflexors. The joint line and medial aspect of the right knee were tender with a positive McMurray's. Utilization review from December 17, 2013 denied the request for aqua therapy because the documentation did not describe the need for a reduced weight bearing environment or specific musculoskeletal impairments that would prevent performance of a land-based program; shower chair because the documentation did not contain a recent progress note with physical examination describing impairment that would require the purchase of this; and home health 5x/wk because the documentation did not support that the patient is home bound.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AQUA THERAPY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 99.

**Decision rationale:** According to page 22 of the CA MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy when reduced weight bearing is indicated, such as with extreme obesity. Moreover, page 99 states that fading of treatment frequency from up to 3 visits per week to 1 or less is recommended. In this case, physical exam findings from January 9, 2013 showed that the patient weighed 309 pounds. However, the present request did not specify the frequency and duration of aqua therapy. The request is incomplete. Therefore, the request for Aqua Therapy is not medically necessary.

**SHOWER CHAIR:** 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), DME.

**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:** CA MTUS does not specifically address durable medical equipment (DME). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that DME is recommended generally if there is a medical need but most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. Certain DME toilet items are medically necessary if the patient is bed- or room-confined and devices such as commode chairs may be medically necessary when prescribed as part of a medical treatment plan for injuries that result in physical limitations. In this case, a request for a shower chair was made so that the patient does not fall in the shower. However, the medical records did not state whether the patient was bed- or room-confined, which warrants the use of the requested device. There was no further discussion concerning this request as part of a medical treatment plan. Therefore, the request for Shower Chair is not medically necessary.

**HOME HEALTH FIVE TIMES A WEEK:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

**Decision rationale:** According to page 51 of the CA MTUS Chronic Pain Medical Treatment Guidelines, home health services are recommended only for otherwise recommended medical

treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry. In this case, home health care was being requested for the patient to be able to get aide in doing home activities such as with hygiene. However, the medical records did not state whether the patient was homebound. There is no clear indication in the medical records provided that the patient has a need of professional nursing services for the purposes of home health. Furthermore, the present request failed to specify the number of hours per week for home health. The request is incomplete; therefore, the request for Home Health Five Times a Week is not medically necessary.