

Case Number:	CM14-0016631		
Date Assigned:	04/11/2014	Date of Injury:	04/28/2000
Decision Date:	05/28/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/10/2014

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 & Rehabilitation 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 injured worker is a 57-year-old male who reported an injury on 04/28/2006. The mechanism of injury was not provided. The current diagnoses include cervical radiculopathy, myalgia and myositis, postlaminectomy syndrome, and chronic pain. The injured worker was evaluated on 01/08/2014. The injured worker reported persistent neck pain with radiation to bilateral upper extremities. The injured worker reported improvement in symptoms with heating, ice, massage therapy, narcotic analgesics, physical therapy, rest, and aquatic therapy. Physical examination revealed tenderness to palpation of the cervical spine, decreased range of motion of the right upper extremity, and decreased sensation in the right C3 through C5 dermatomes. Treatment recommendations at that time included a therapeutic exercise hot tub.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: THERAPEUTIC EXERCISE TUB: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

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

Decision rationale: The Official Disability Guidelines state durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. Certain durable medical equipment items and devices such as raised toilet seats, commode chairs, sitz baths, and portable whirlpools may be medically necessary when prescribed as part of a medical treatment plan for injury, infection or conditions that result in physical limitations. As per the documentation submitted, there is no evidence of a significant musculoskeletal or neurological deficit that would warrant the need for the requested durable medical equipment. The injured worker reported improvement with physical therapy, aquatic therapy, rest, and heat/ice therapy. There is no mention of a contraindication to outpatient aquatic therapy as opposed to an at-home therapeutic exercise tub. The medical necessity has not been established. Therefore, the request is not medically necessary and appropriate.