

<b>Case Number:</b>	CM14-0019134		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	08/26/2009
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	01/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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 and Rehabilitation, and is licensed to practice in Minnesota. 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 52 year old female who reported an injury on 08/26/2009. The injured worker reported that she fell out of a broken chair and landed on the concrete. The injured worker complained of having increased intensity and frequency of pain to the lower back with accompanying radicular pain to the left leg. She also stated that she was having spasms of the posterior neck. Physical examination findings revealed the injured worker's spine had decreased extension, decreased lumbar flexion, grossly positive left more than right sided sciatic notch tenderness. The injured worker's past treatment consist of transforminal lumbar injections of the L5 and S1 on the right which took place on 11/10/2008 and medications. The injured workers' medications include Ibuprofen 800mg 1 tablet 3 times a day PRN, Cymbalta 30mg 1 capsule every morning and Norco 10/325 mg 1 tablet 2 times a day PRN. The treatment plan for the injured worker is a hot tub with [REDACTED] jets for home. The rationale and request for authorization were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**REQUEST A HOT TUB WITH [REDACTED] JETS FOR HOME:** 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, Durable Medical Equipment.

**Decision rationale:** The request for 1 hot tub with [REDACTED] jets for home is non-certified. The injured worker complained of having increased intensity and frequency of pain to the lower back with accompanying radicular pain to the left leg. She also stated that she was having spasms of the posterior neck. The ODG guidelines state 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. Certain durable medical equipment such as toilet items (commodes, bed pans, etc.) are medically necessary if the patient is bed- or room-confined, 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. The ODG criteria also indicate that DME's as these noted above are not considered primary forms of medical treatment. As such, the request for 1 hot tub with [REDACTED] jets for home is non-certified.