

<b>Case Number:</b>	CM14-0120417		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	01/20/2011
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

Patient is a 57-year-old female who has submitted a claim for deep third degree burn, unspecified thoracic/lumbar neuritis, depressive psychosis and major depressive disorder; associated with an industrial injury date of 01/20/2011. Medical records from 2013 to 2014 were reviewed. The patient complains of persistent pain on the left side of the lower back and left lower extremity. The patient also reports symptoms of depression, stress and insomnia. Physical examination only revealed a slow gait and a depressed affect. Treatment to date has included acupuncture, physical therapy and aquatic therapy. Utilization review from 07/16/2014 denied the request for walk-in shower - lumbar spine because environmental modifications are considered not primarily medical in nature and therefore, it is not medically appropriate.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Walk-In Shower- Lumbar Spine:** 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), Treatment Index, 11th Edition (web), 2013, Durable medical equipment

**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

**Decision rationale:** The CA MTUS does not specifically address this topic. 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. It states that durable medical equipment (DME) is recommended generally if there is a medical need or purpose, is appropriate for home use, is generally not useful to a person in the absence of illness, and can withstand repeated use. Most bathroom and toilet supplies do not customarily serve a medical purpose and is primarily used for convenience in the home. Environmental modifications are considered not primarily medical in nature. In this case, a walk-in shower was requested for easier access. Patient complains of pain when lifting her leg when getting in the shower. However, it is considered a self-help device, and not primarily medical in nature. The guideline criteria for durable medical equipment have not been met. Therefore, the request for walk-in shower is not medically necessary.