

<b>Case Number:</b>	CM14-0121857		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	09/04/1996
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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 Family 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:

This 64 year old patient had a date of injury on 9/4/1996. The mechanism of injury was not noted. In a progress noted dated 7/17/2014, the patient complains of pain and soreness of the hip joint, antalgic gait, and difficulty walking. On a physical exam dated 7/17/2014, range of motion is guarded in flexion, and there is limited internal and external rotation. There is weakness of abduction against resistance. Stinchfield test and Rolling test are positive. The diagnostic impression shows degenerative joint disease of left hip, protrusion left hip, chronic left hip pain, and degenerative discogenic disease lumbosacral spine. Treatment to date: medication therapy, behavioral modification. A UR decision dated 7/18/2014 denied the request for home walk-in tub/bath for left hip, stating that bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience to the home.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Home Walk-In Tub/Bath left Hip: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Medical Treatment Utilization Schedule, American College of Occupational and Environmental Medicine, 2nd Edition (2007) Official Disability Guidelines: Online Edition: Chapter Knee & Leg; 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) Knee and Leg Chapter-Durable Medical Equipment

**Decision rationale:** CA MTUS does not address this issue. ODG recommends generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below. 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. However, in a progress note dated 7/17/2014, there was no clear rationale provided regarding the medical necessity of home walk in tub/bath for left hip. The patient is scheduled for intensive physical therapy following total hip arthroscopy of left hip, but no discussion was provided as to how this request would benefit this patient in the postoperative setting. Therefore, the request for home walk in tub/bath for left hip was not medically necessary.