

<b>Case Number:</b>	CM14-0141737		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	03/29/2014
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 64 year old male who reported an injury on 03/29/2014 due to a car accident in a work vehicle. The Diagnosis included left knee status post open reduction fixation internal fracture of the left tibial plateau fracture. His past treatments included surgery, medications and a knee immobilizer. Within the clinical note dated 07/09/2014, it was reported the injured worker complained of pain and loss of range of motion in the cervical and lumbar spine and pain in the left knee and left ankle. Upon te examination revealed edema in the left knee, sensory loss in the left hand and upper extremity, and trigger points in the cervical and lumbar spine and the left knee and ankle. His medications are addressed but the name, dosage and frequency was not clearly stated. The treatment plan was not clear in documentation. A request was received for Aqua Relief System Purchase. The rationale for the request was not submitted. The Request for Authorization form details 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:

**Aqua Relief System Purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-5.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and Leg, Durable Medical Equipment.

**Decision rationale:** The request for Aqua Relief System Purchase is not medically necessary. Official Disability Guidelines state that certain durable medical equipment 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 injured worker had ORIF surgery on 03/31/14 and was instructed to remain in a knee immobilizer for an addition week following an examination on 05/27/2014. The injured worker was also instructed to remain non-weight bearing until 3 months after surgery. However, the injured worker has exceeded the time suggested to remain immobilized, there is no other indication or documentation supporting the injured worker being confined to his bed or room. Therefore, the request is not medically necessary.