

Case Number:	CM14-0172411		
Date Assigned:	10/23/2014	Date of Injury:	11/15/1999
Decision Date:	11/25/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/17/2014

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, has a subspecialty in Interventional Spine 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 patient is a 75 years old male with an injury date on 11/15/1999. Based on the 02/21/2014 progress report provided by [REDACTED], the diagnoses are: 1. Revision total knee. According to this report, the patient complains of "pain in both knee more so on the right;" variable from 4-7/10. Pain is on the medial and lateral sides of the knee, especially when the gets up from a seated position. Patient "is having trouble showering and toileting due to his knee." Exam of the knee reveals tenderness over the lateral condyle. Patient walks with a moderate limp. Per patient in the 3/10/2014 letter, "I have had 2 knee replacements in the past. Currently, I experience significant pain and stiffness in my knee as well as others part of my body where I am compensating for my knee. I have great difficulty getting in and out of my shower, and have fallen several times. "There were no other significant findings noted on this report. The utilization review denied the request on 10/09/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 02/21/2014 to 10/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of home safety bath: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic), 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 Chapter Online for DME

Decision rationale: According to the 02/21/2014 report by [REDACTED] this patient presents with "pain in both knee more so on the right;" variable from 4-7/10. The provider is requesting a purchase of a home safety bath. The utilization review denial letter states " There has been no current or recent documentation suggesting the patient requires assistance for bathing or that safety issues have been identified with the current tub/shower ." Under durable medical equipment section in ODG Guidelines, durable medical equipment is defined as an equipment that is primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness or injury. In this case, the requested home safety bath does not necessarily serve a specific medical purpose and can also be useful in absence of illness or injury just as a comfort measure. Furthermore, an installation of a safety bars and other adaptive equipment may be more appropriate then a home safety bath. Therefore, this request is not medically necessary.