

Case Number:	CM14-0021653		
Date Assigned:	03/07/2014	Date of Injury:	01/20/2011
Decision Date:	07/21/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	01/09/2014

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 Occupational 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:

Patient is a 57-year-old who has submitted a claim for lumbar neuritis, third degree burn at the lumbar area, and depression associated with an industrial injury date of January 20, 2011. Medical records from 2012 to 2013 were reviewed. Patient complained of pain at the low back, left shoulder, and legs. Patient used a rolling seated walker. Progress report from 8/1/2013 cited that there were episodes of giving way of both legs. She had difficulty climbing the stairs and taking a tub bath. Physical examination revealed tenderness at the lumbar and shoulder areas. Gait was antalgic. Treatment to date has included spinal nerve block, cognitive behavioral therapy, and medications. Utilization review from December 2, 2013 denied the request for shower with seat because guidelines do not support its use as medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

SHOWER W/ SEAT FOR THE 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.

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 Section, 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), Knee and Leg Section 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 are primarily used for convenience in the home. Environmental modifications are considered not primarily medical in nature. In this case, patient complained of pain at low back area, left shoulder, and bilateral lower extremities. This resulted in difficulty taking a tub bath. However, a shower with seat is considered a self-help device, and not primarily medical in nature. The guideline criteria for durable medical equipment have not been met. The request for a shower with seat for the lumbar spine is not medically necessary or appropriate.