MAXIMUS Federal Services

Case Number:	CM14-0032167		
Date Assigned:	06/20/2014	Date of Injury:	12/09/1983
Decision Date:	08/05/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	03/13/2014

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 Orthopedic Surgery and is licensed to practice in New York. 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 61-year-old male who has chronic low back pain. The patient injured his back lifting a box a candidate. The patient's been diagnosed with lumbar spinal stenosis. He had L5-S1 hemilaminotomy surgery. The treatment to date include epidural steroid injection. The patient has had physical therapy and continues to have pain. He takes layer and narcotics. An MRI in October 2013 shows severe canal stenosis at L2-3 and L4-5. The patient underwent L3-S1 hemilaminotomy surgery November 2013. He has a right foot drop postoperatively. He uses a cane and a walker and a wheelchair. The medical records indicate that he is having difficulty getting in and out of the shower that is a bathtub. The physical examination reveals muscle strength 3/5 in the right tibialis anterior 2/5 and right EHL. The remainder of his motor strength is normal. At issue is whether walk in tub or shower is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Walk In Tub OR Shower: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Coverage Criteria.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medicare criteria for coverage for wheelchairs,walkers,and crutvhes.

Decision rationale: This patient has a unilateral foot drop after surgery. This condition is easily treated with an ankle foot orthosis (AFO) orthotic device. The permanent alteration of the patient's shower in the form of a walk in shower or bath tub is not medically necessary. From a clinical standpoint an ankle-foot orthosis is all that is needed to correct the patient's foot drop. The permanent alteration of the patient's bathroom in the form of a walk in shower or bath tub is not medically necessary. The patient should be able to mobilize into a tub or shower using an AFO orthosis. The permanent alteration of the patient's tub or shower is not medically necessary. The criteria for permanent alteration of the patient's tub or shower not met.