

Case Number:	CM14-0046964		
Date Assigned:	07/02/2014	Date of Injury:	09/16/1975
Decision Date:	08/21/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/14/2014

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 Pain Medicine and is licensed to practice in Texas. 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 female injured on 09/16/75 due to undisclosed mechanism of injury. Current diagnoses include post-laminectomy syndrome of lumbar spine and sciatica. Clinical note dated 03/13/14 indicated the injured worker presented complaining of back pain and right sciatica. The injured worker was being treated with MS Contin 100mg four tablets three times daily and Neurontin 300mg three times daily. The injured worker reported escalating activities of daily living aggravated the underlying symptoms and reducing activities and medications improved symptoms. The injured worker underwent L1 through S1 fusion and implantation and pump explanation of intrathecal delivery system. Physical examination revealed decreased range of motion of the lumbosacral spine and tender right sciatic notch. There was no further assessment findings provided. The initial request for durable medical equipment walk in shower was non-certified on 03/31/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment: Walk In Shower: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Durable Medical Equipment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Durable medical equipment (DME).

Decision rationale: As noted in the Official Disability Guidelines, durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME). Medical conditions that result in physical limitations for patients may require injured worker education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. The use of walk in shower is would be considered a convenience rather than a medical necessity. As such, the request for a walk in shower cannot be recommended as medically necessary.