

Case Number:	CM14-0064267		
Date Assigned:	07/11/2014	Date of Injury:	03/29/1995
Decision Date:	08/08/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/07/2014

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 Management 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:

This is a patient with the date of injury of March 29, 1995. A utilization review determination dated April 24, 2014 recommends noncertification of an auto bath lifter. A progress report dated June 30, 2014 includes subjective complaints indicating that the patient is able to participate with physical therapy but unable to do housework. She has a caregiver 5 hours per day but does her physical therapy exercise and is able to do self-care. She needs a little bit of help with showering. Objective examination findings revealed decreased range of motion in the right shoulder. Diagnoses include right shoulder status post arthroscopic surgery and lumbar spine pain status post fusion. The treatment plan recommends continuing medication and physical therapy. Prior progress report dated May 19, 2014 indicating that the patient states she needs a hydraulic lift swivel chair to get her into the tub. She does not have enough of her strength to be able to push herself out of the tub once she is lying in it. Objective findings indicate that the patient is wearing a shoulder sling. A progress report dated March 19, 2014 indicates that the patient is able to carry out activities of daily living such as cooking, cleaning, laundry, and self-hygiene on an independent basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bellavita Auto Bath Lifter: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Treatment for Workers Compensation, Online Edition.

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 Chapter, Durable medical equipment (DME).

Decision rationale: Regarding the request for Bellavita Auto Bath Lifter, California MTUS does not address the issue. ODG notes that medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury. Within the documentation available for review, there is documentation that the patient states that she is unable to safely get out of the tub because of her upper extremity weakness. However, there is no recent documentation of any physical examination findings identifying any upper extremity weakness. Furthermore, there is no documentation indicating why other methods could not be used to address this issue, such as assistance from her care-giver or the use of a shower chair. In light of the above issues, the currently requested Bellavita Auto Bath Lifter is not medically necessary.