MAXIMUS Federal Services

Case Number:	CM14-0085221		
Date Assigned:	07/23/2014	Date of Injury:	07/30/2010
Decision Date:	08/27/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	06/06/2014

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 57-year-old male with a date of injury of 05/30/2010. The listed diagnoses per [redacted] are: 1. Cervical spondylosis without myelopathy. 2. Lumbosacral spondylosis without myelopathy. 3. Lumbar sacral radiculitis. 4. Chronic pain syndrome. 5. Disorder of trunk. According to progress report 02/27/2014 by [redacted], the patient presents with leg and low back pain that radiates to the bilateral legs. The patient is currently taking gabapentin and ibuprofen 800 mg. The patient states he has had physical therapy for several sessions and he has had no relief. Examination of the lumbar spine revealed paravertebral tenderness bilaterally. All other examination findings were within normal limits. Neurological exam revealed DTRs 2+ in all 4 extremities. Request for authorization from 04/23/2014 requests durable medical good therapeutics spa for home use/aquatic therapy pool. Utilization review denied the request on 05/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapeutic Spa Home Use/Aquatic Therapy Pool: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy. Decision based on Non-MTUS Citation (http://www.odg-twc.com/odgtwc/low_back.htm).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)ODG guidelines have the following regarding Durable Medical Equipment: Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below. Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. Certain DME toilet items (commodes, bed pans, etc.) are medically necessary if the patient is bed- or room-confined, and devices such as raised toilet seats, commode chairs, sitz baths and portable whirlpools may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. Many assistive devices, such as electric garage door openers, microwave ovens, and golf carts, were designed for the fully mobile, independent adult, and Medicare does not cover most of these items. See also specific recommendations here: Aquatic therapy; Bathtub seats; BioniCare® knee device; Bone growth stimulators; Braces; Canes; Cold/heat packs; Compression cryotherapy; Continuous-flow cryotherapy; Continuous passive motion (CPM); Crutches; Cryocuff; Cryotherapy; Dynamic splinting systems; Dynasplint; Electrical stimulators (E-stim); Electromyographic biofeedback treatment; ERMI knee Flexionater®/ Extensionater®; Flexionators (extensionators); Exercise equipment; Game Ready accelerated recovery system; Home exercise kits; Joint active systems (JAS) splints; Knee brace; Lymphedema pumps; Mechanical stretching devices (for contracture & joint stiffness); Motorized scooters; Neuromuscular electrical stimulation (NMES devices); Orthoses; Post-op ambulatory infusion pumps (local anesthetic); Power mobility devices(PMDs); RS-4i sequential stimulator; Scooters; Shower grab bars; TENS (transcutaneous electrical nerve stimulation); Therapeutic knee splint; Treadmill exerciser; Unloader braces for the knee; Vacuum-assisted closure wound-healing; Vasopneumatic devices (wound healing); Walkers; Walking aids (canes, crutches, braces, orthoses, & walkers); Wheelchair; Whirlpool bath equipment. The term DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. (CMS, 2005).

Decision rationale: The patient presents with complaints of pain in the back pain that radiates into the bilateral legs. The treater is requesting a therapeutics spa for home use. The MTUS and ACOEM Guidelines do not discuss Durable medical equipments. ODG Guidelines do discuss durable medical equipment stating recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. The term DME is defined as equipment which can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness, and is appropriate for use in the patient's home. In this case, the treater does not discuss the medical need of a home spa. Furthermore, DMEs are to be used to serve a medical purpose and not generally useful in the absence of illness therefore therapeutic spa home use/aquatic therapy pool is not medically necessary.