

Case Number:	CM14-0087714		
Date Assigned:	07/25/2014	Date of Injury:	02/03/1999
Decision Date:	09/23/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/10/2014

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 a date of injury of 2/3/99. A utilization review determination dated 5/13/14 recommends non-certification of a shower chair. 4/14/14 medical report identifies increasing pain with some radicular symptoms down the right side. She also has pain in the knee along the joint line. No abnormal exam findings are noted. MRIs of the right knee and lumbar spine were recommended along with Norco and a new squared shower chair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shower chair without a back: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee and Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Bathtub seats.

Decision rationale: Regarding the request for a shower chair, CA MTUS does not address the issue. ODG notes that bathtub seats are considered a comfort or convenience item, hygienic equipment, & not primarily medical in nature. Within the documentation available for review,

there is no indication of any abnormal physical exam findings or functional deficits. Furthermore, there is no clear rationale identifying the medical necessity of a shower chair despite ODG's recommendation that the device is not primarily medical in nature. In light of the above issues, the currently requested shower chair is not medically necessary.