

<b>Case Number:</b>	CM14-0189172		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	09/27/2007
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 Family Medicine and is licensed to practice in North Carolina. 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 47-year-old with a reported date of injury of 09/27/2007. The patient has the diagnoses of lumbago, sciatica and other unspecified disc disorder of the thoracic region. Per the progress notes dated 07/17/2014 from the primary treating physician, the patient had complaints of continued daily back pain rated a 6-7/10. The physical exam noted slight foot drop in left foot, limited range of motion in the back and tenderness in the lumbar paraspinal muscles. There is unequal light touch sensation between the left and right leg. Treatment plan recommendations included home lap pool and hot tub for home exercise program, continuation of medications and back brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME: hot tub purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Durable Medical Equipment.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested item. Per the Official Disability Guidelines section on durable medical equipment, DME is primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness or injury. DME equipment is defined as equipment that can withstand repeated use i.e can be rented and used by successive patients, primarily serves a medical function and is appropriate for use in a patient's home. There is no indication why this patient cannot use a health club's spa or lap pool. The equipment itself is not rentable or able to be used by successive patients. Therefore criteria have not been met per the ODG and the request is not medically necessary and appropriate.