

<b>Case Number:</b>	CM14-0194608		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	02/21/2011
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2014

### 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 Practice 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 40 year old male claimant sustained a work injury on 2/21/11 involving the back. He was diagnosed with thoracolumbar strain, right shoulder and left knee strain. A progress note on 9/25/14 indicated the claimant had continued pain in the involved areas. There was weakness in both legs. Physical findings were notable for left knee instability, tenderness in the lumbar spine and the medial aspect of the knee. Strength was noted to be normal in the legs. He was given a trigger point injection to the knee. He had been on oral analgesics for pain. A prior request had been made for motorized wheelchair to assist in transportation for his weak legs. A subsequent request was made the following month for a replacement chair for his shower.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Shower chair:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment for Worker's Compensation, Online Edition Chapter: Knee & Leg (Acute & Chronic), 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) Bathtub seats

**Decision rationale:** Bathtub seats are considered a comfort or convenience item, hygienic equipment, & not primarily medical in nature. In this case, there was also conflicting information between physical findings of strength and subjective complaints. The need for replacement was not justified. The request above is not medically necessary.