

<b>Case Number:</b>	CM14-0198500		
<b>Date Assigned:</b>	12/05/2014	<b>Date of Injury:</b>	03/03/1999
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Internal Medicine, 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 male worker was injured while he was driving a work van. He was traveling about 55 miles per hour when he blacked out and ended up striking a power pole. The date of injury was March 3, 1999. Diagnoses include cervical spine disc degeneration with bulging, right and left shoulder arthralgia's and lumbar spine disc degeneration with bulging. On August 21, 2014, he complained of pain in the neck, back, bilateral hips, upper extremities and bilateral knees. He rated the neck pain as an 8 on a 1-10 pain scale. The middle and low back pain was rated a 7 on the pain scale. He used a cane and was extremely tremulous and unsteady. He could not step up on the exam room step without maximal assistance and could barely bend forward. Treatment modalities included surgery, physical therapy, medication and electrical stimulation. He reported using a hot tub which provided him significant relief from his overall symptoms. He reported he does not have access to the hot tub anymore and noticed a worsening in his symptoms. He stated that he would like clearance for a walk in tub because of the increasing stiffness in his back, hips and knees. A request was made for a walk in bath tub. On October 29, 2014, utilization review denied the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Walk in bath tub:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee, Whirlpool bath equipment

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

**Decision rationale:** Pursuant to the Official Disability Guidelines, walk-in bathtub is not medically necessary. Whirlpool bath equipment is recommended if the patient is homebound and has a condition for which the whirlpool baths can be expected to provide substantial therapeutic benefit justifying its cost. Where patient is not homebound but has such a condition, recommendation is restricted to the cost of providing the services elsewhere, e.g. an outpatient department of a hospital in physical therapy clinic. In this case, the date of injury as March 3, 1999. The injured worker's diagnoses are cervical spine disc degeneration withholding; right and left shoulder arthralgia's; lumbar spine disc degeneration with bulging; status post L 4 - L5 laminectomy in 1993, nonindustrial; status post pelvis reconstruction March 1999; status post left hip replacement 2002 and revision 2004; right hip arthralgia; possible internal derangement knees; and non-orthopedic issues deferred to appropriate specialists. An August 21, 2014 progress note documents the injured worker has a conventional hot tub and has had increasing difficulty getting in and out of the tub has done so for years. There is no documentation in the progress note dated August 21, 2014 or any other subsequent note indicating objective functional improvement associated with the hot bath. There is no documentation suggesting the injured worker is homebound. The provider has not provided a clinical rationale indicating the medical necessity for a walk in bathtub. Consequently, absent the appropriate clinical indication, clinical rationale and documentation of objective functional improvement (over the years using a conventional hot tub), a walk-in bathtub is not medically necessary.