MAXIMUS Federal Services

Case Number:	CM15-0139347		
Date Assigned:	07/29/2015	Date of Injury:	09/30/2011
Decision Date:	09/01/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/17/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: New Jersey
Certification(s)/Specialty: Family Practice

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 injured worker is a 41-year-old male who sustained an industrial injury on 09/30/2011. Mechanism of injury was an automobile accident injuring his right leg, right knee, right lower leg, both hand and lower back area. Diagnoses include status post right above the knee amputation, lumbago, subluxation of the lumbar spine, lumbar sprain-strain, and inflammation of the S1 joint and subluxation of the S1 joint. Treatment to date has included diagnostic studies, medications, status posttraumatic dislocation of the right knee, which required vascular repair and fasciotomy, status post right above the knee amputation, multiple trauma, physical therapy, home exercise program, acupuncture, and occupational therapy. An unofficial report of a Magnetic Resonance Imaging of the lumbar spine done on 10/11/2013 showed disc protrusion eccentric to the right side at L4-L5. He is working full duty at this time. A physician progress note dated 06/22/2015 documents the injured worker presents for a follow up of his above knee amputation that happened approximately 3 and ½ years ago. He is very functional. He works full time as a California highway Patrol Officer. He still has some medical problems relating to the injury, which includes severe back pain and spasm. He has occasional phantom sensation that requires some acupuncture treatment, but it did not do much for him. He continues to take Nabumetone on occasional basis and Lyrica for the nerve related pain. Objective finding are diffuse non-radicular low back pain and a functional stump for above knee amputation. The treatment plan includes chiropractic evaluation and treatment 2 x 3 x two months, for the low back pain. Treatment requested is for an indoor Jacuzzi, to help with his low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Indoor Jacuzzi: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement Page(s): 48.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg section, Whirlpool bath equipment.

Decision rationale: The MTUS Guidelines do not specifically address hot tubs, Jacuzzis, or other whirlpool bath equipment. However, the ODG states that they are only recommended if the patient is homebound and has a condition for which the whirlpool bath can be expected to provide substantial therapeutic benefit justifying its cost. The ODG also states that where the 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 or a physical therapy clinic, if that alternative is less costly. In the case of this worker, although this worker experienced thigh and leg pain occasionally, the reason for this request for a Jacuzzi was to help decrease the pain and spasm in his back. There are no Guidelines, which approve of this form of therapy for the low back, as there is other less expensive and elaborate ways to apply heat and massage to the low back if needed. In addition, whirlpool tubs are only recommended for those who are homebound, which is not the case for this worker, who works full time. There was no supportive evidence provided in the notes available for review, which would present this case as an exception. Therefore, the indoor Jacuzzi is not medically necessary.