

<b>Case Number:</b>	CM15-0166233		
<b>Date Assigned:</b>	09/03/2015	<b>Date of Injury:</b>	04/14/2010
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	07/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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: Arizona, California  
 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:

This 64 year old male sustained an industrial injury to the low back and right knee on 4-10-10. Previous treatment included physical therapy, epidural steroid injections and medications. Documentation did not disclose recent magnetic resonance imaging. In a progress note dated 7-2-15, the injured worker complained of severe back pain rated 10 out of 10 on the visual analog scale. The physician noted that the injured worker was having instability down the leg from his low back and he had fallen several times on his left knee. The injured worker was using a cane and wearing a left knee brace. The injured worker was unstable when he was standing straight up. The injured worker had balance issues to due pain down the left leg as well as difficulty with lumbar spine range of motion. Current diagnoses included chronic right sided low back pain, history of Hepatitis C, heart condition with stent placement, cerebrovascular accident, diabetic neuropathy and hypertension. The injured worker was asking about a walk in bath tub because he was having difficulty standing in the shower and bending forward. The injured worker was unable to stoop or kneel. The injured worker had a history of a fall on 4-30-15 from the low back pain. The treatment plan included trying Norco and requesting authorization for a walk in tub.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Walk in tub Qty 1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, DME.

**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 and DME 12 and 21.

**Decision rationale:** According to the guidelines, as in bathtub seats, a walk in tub is viewed as a convenience item/hygiene equipment. It is not primarily medical in nature. As a result, the request for a walk in bathtub is not medically necessary.