MAXIMUS Federal Services

Case Number:	CM15-0202965		
Date Assigned:	10/19/2015	Date of Injury:	10/05/1998
Decision Date:	12/04/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/15/2015

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: 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 is a 63 year old male with a date of injury of October 5, 1998. A review of the medical records indicates that the injured worker is undergoing treatment for arthralgias, degenerative joint disease, rheumatoid arthritis, degenerative disc disease, and chronic pain. Medical records dated June 3, 2015 indicate that the injured worker complained of constant moderate to severe right knee pain. A progress note dated September 21, 2015 documented complaints of all over pain rated at a level of 10 out of 10. The physical exam dated June 3, 2015 reveals decreased range of motion of the right knee with pain and stiffness, 10 degrees of varus, and tenderness of the medial joint line. The progress note dated September 21, 2015 documented a physical examination that showed pain and stiffness of the wrists and fingers, and muscle atrophy of the left shoulder. Treatment has included bilateral knee bracing, medications (Ibuprofen), use of a Jacuzzi that helped, knee surgeries, and at least six sessions of physical therapy. The treating physician documented (September 21, 2015) that the injured worker required a Jacuzzi for help with arthritis pain and was unable to attend public pools or Jacuzzis due to a recurrent staph infection. The utilization review (September 30, 2015) non-certified a request for a Jacuzzi.

IMR ISSUES, DECISIONS AND RATIONALES

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

Jacuzzi: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC.

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

Decision rationale: The Official Disability Guidelines comment on the use of durable medical equipment, including a Jacuzzi (whirlpool). DME is recommended generally if there is a medical need. Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. Certain DME toilet items (commodes, bed pans, etc.) are medically necessary if the patient is bed- or room-confined, and devices such as raised toilet seats, commode chairs, sitz baths and portable whirlpools may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. Many assistive devices, such as electric garage door openers, microwave ovens, and golf carts, were designed for the fully mobile, independent adult, and Medicare does not cover most of these items. In this case, there is insufficient justification to determine that a Jacuzzi (whirlpool) meets a medical need as described above. Without demonstration that a medical need is met by the use of this device, a Jacuzzi is not medically necessary.