

Case Number:	CM15-0206174		
Date Assigned:	10/23/2015	Date of Injury:	08/30/2001
Decision Date:	12/04/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/20/2015

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:

The injured worker is a 66 year old female who sustained an industrial injury on 08-30-2001. According to a progress report dated 08-17-2015, the injured worker was seen for a follow up of lower back pain. She was distressed regarding medication denials and had been out of medication for approximately one month. She reported that she was unable to tolerate walking up and down her stairs. She was also having a difficult time with self-care activities including showering. She would have to sit down in the shower due to pain. After showering, she would have to lie down for a long time to recover. She inquired about a shower chair. She received "benefit" in the past from acupuncture, which helped to decrease pain and allowed increased activity. Objective findings demonstrated no abnormal findings. Current medications included Lactulose, Celebrex, Cymbalta, Lidoderm patch, Docusate Sodium, Hydrocodone-APAP, Orphenadrine, Buspirone, Hydrochlorothiazide, Metoprolol, Norvasc and Synthroid. The treatment plan included authorization request for 6 sessions of acupuncture for the lumbar spine and a shower chair. Diagnoses included spondylosis lumbosacral, degeneration lumbar lumbosacral disc and long term use of medications. Prescriptions included Ambien, Orphenadrine, Tramadol and Docusate Sodium. Medications discontinued included Celebrex, Cymbalta, Hydrocodone-APAP, Lactulose and Orphenadrine. Work status was noted as permanent and stationary with permanent disability. Follow up was indicated in 4 weeks. On 09-22-2015, Utilization Review non-certified the request for durable medical equipment: shower chair. The request for acupuncture for the lumbar spine was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME; Shower chair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and leg chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) DME and pg 61.

Decision rationale: According to the guidelines, Shower chair like shower grab bars are considered a self help device and is not recommended. In this case, the claimant had back pain and difficulty showering. Although it may be helpful, it is not considered a medical necessity.