

<b>Case Number:</b>	CM15-0213842		
<b>Date Assigned:</b>	11/03/2015	<b>Date of Injury:</b>	08/08/2000
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2015

### 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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 60 year old female, who sustained an industrial injury on 8-8-2000. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spine strain, thoracic spine strain, lumbar spine disc rupture, right carpal tunnel syndrome, and status post left carpal tunnel surgery. On 9-2-2015, the injured worker reported pain in the neck, upper back, lower back, right hand-wrist, and left hand-wrist. The Primary Treating Physician's report dated 9-2-2015, noted the injured worker reported physical therapy did not help her. The Secondary Treating Physician's report dated 9-4-2015, noted the Norco was not helping the injured worker with the pain severe rated 9 out of 10. Prior treatments have included Hydrocodone, Hydromorphone, Percocet, Soma, Ambien, Biofreeze, and three lumbar epidural injections with no pain relief noted. The treatment plan was noted to include right knee and lumbar injections and durable medical equipment including a single point cane, LSO brace, bath tub safety bars and a heating pad. The request for authorization was noted to have requested purchase of bathtub safety bars. The Utilization Review (UR) dated 9-30-2015, non-certified the request for purchase of bathtub safety bars.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of bathtub safety bars:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee chapter, Durable medical equipment (DME).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Coverage 2014: DME.

**Decision rationale:** Purchase of bathtub safety bars is not medically necessary. The Ca MTUS and ODG does not present a specific statement. The evidence for my rationale is provided by the Medicare criteria for DME. Per Medicare criteria to qualify for a bath tub or associated equipment, the patient must show a 1) difficulty with ambulation; 2) or disability of the limbs; 3) other conditions such as congestive heart failure, breathing problems, or other types of problems; 4) use motor equipment for mobility; 5) Heather certificate of medical necessity that is completed, signed and dated by the treating doctor. The medical records lack documentation of a medical necessity for a hospital bed as listed by Medicare criteria or other similar guidelines. The request is not medically necessary.