

Case Number:	CM15-0032097		
Date Assigned:	02/25/2015	Date of Injury:	06/27/2013
Decision Date:	04/03/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/19/2015

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 50-year-old male reported a work-related injury on 06/27/2013. According to the progress notes from the treating provider dated 1/7/15, the injured worker (IW) reports constant left and right foot pain. Diagnoses include chronic plantar fasciitis/fasciosis with associated large plantar spur bilaterally and insertional Achilles tendinitis with associated large retrocalcaneal spur with fragmentation of the spur on the right side. Previous treatments were listed as Ibuprofen and orthotics. The treating provider requests a shower chair. The Utilization Review on 02/18/2015 non-certified the request for a shower chair. Reference cited was http://www.aetna.com/cbp/medical/data/400_499/0434.html regarding Therapeutic Chairs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shower Chair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Therapeutic Chairs; www.aetna.com/cob/medical/data/490_499/0434.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- DME, Knee chapter, bathtub seats and shower grab bars- pg 12, 60.

Decision rationale: The guidelines do not support the use of shower bars or bath seats and are considered a self-help device for convenience rather than a medical device. Similarly, the shower chair would be for self-help. It is more reasonable in those with hip surgery or disease rather than the feet. The request for a shower chair is not medically necessary.