

<b>Case Number:</b>	CM15-0058829		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	08/08/2000
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2015

### 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 59 year old female who sustained an industrial injury from a fall on August 8, 2000 with multiple body sites affected. The injured worker is status post left carpal tunnel release in 2002. The injured worker was diagnosed with cervical sprain/strain, thoracic sprain/strain, lumbar spine disc rupture and right carpal tunnel syndrome. According to the primary treating physician's progress report on March 10, 2015, the injured worker fell again at work and presented with pain in the right and left lower extremities, bilateral hips, bilateral knees and bilateral ankles and feet. She continues to experience the same intensity of pain to her neck, thoracic, lumbar spine and bilateral wrists which were not aggravated by the most recent fall. Examination of the lumbar spine and lower extremities demonstrated diminished sensation to light touch at the right mid anterior thigh, right mid lateral calf and right lateral ankle. Range of motion, motor strength and reflex testing were not performed. The patient ambulates with a cane. Current medications are listed as Soma and Norco. Treatment plan consists of durable medical equipment, heating pad, lumbosacral orthotic brace and the current request for a shower chair.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Shower chair (cervical, thoracic, lumbar, bilateral wrists): Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG and knee chapter- pg 12.

**Decision rationale:** According to the ODG guidelines, Bathtub seats are considered a comfort or convenience item, hygienic equipment, & not primarily medical in nature. In this case, the claimant is able to stand with support and ambulate. Since the shower chair is considered a similar comfort DME, the request for a shower chair is not medically necessary.