

Case Number:	CM15-0231744		
Date Assigned:	12/07/2015	Date of Injury:	01/14/1997
Decision Date:	01/13/2016	UR Denial Date:	11/11/2015
Priority:	Standard	Application Received:	11/24/2015

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: Physical Medicine & Rehabilitation

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 56 year old male, who sustained an industrial injury on 01-14-1997. A review of the medical records indicates that the worker is undergoing treatment for radiculopathy of the lumbar region and sprain of ligaments of the lumbar spine. Treatment has included Vicodin, Soma, Voltaren, home exercise program and knee brace. Documentation shows that the worker was having increasing back and right lower extremity pain with difficulty walking. X-rays on an unknown date were noted to show degenerative changes in the lumbar spine, left hip, left knee and right ankle and foot. On 07-21-2015, the worker reported severe low back and right knee pain. The worker was noted to have gained weight. A shot was noted to have helped for 2 weeks. Objective findings revealed right knee clicking and swelling and 9 pound weight gain. During a 08-31-2015 office visit, the worker was noted to have been seen in the emergency room due to severe low back pain on 07-31-2015 with inability to walk. The worker was noted to have received Norco and Robaxin and to improve in a few days. Objective findings showed no change but no specific examination findings were documented. Subjective complaints (10-13-2015) included persistent low back pain. Objective findings (10-13-2015) included stiffness of the lumbar spine and weakness of the right leg. The physician noted that the worker had tried Jacuzzi in the past which had helped and a request for portable home Jacuzzi was submitted. A utilization review dated 11-11-2015 non-certified a request for portable home Jacuzzi.

IMR ISSUES, DECISIONS AND RATIONALES

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

Portable home Jacuzzi: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The current request is for a portable home Jacuzzi. The RFA is dated 10/13/15. Treatment has included lumbar fusion, physical therapy, Vicodin, Soma, Voltaren, home exercise program and a knee brace. The patient's work status is not provided. The ACOEM, MTUS and ODG guidelines do not discuss Jacuzzi. Official Disability Guidelines, Knee and Leg Chapter, under Durable Medical Equipment (DME) has the following: Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below. 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. The term DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. Per report 10/13/15, the patient presents with persistent low back pain. Objective findings included stiffness of the lumbar spine and weakness of the right leg. The patient reported that he had tried using a Jacuzzi in the past and noted that it helped. The treater has requested a portable home Jacuzzi. While ODG does not address such requests as a Jacuzzi, it does set forth several criteria regarding durable medical equipment. In this case, a portable home Jacuzzi is not primarily and customarily used to serve a medical purpose, and it would likely remain useful in the absence of illness or injury. A Jacuzzi does not satisfy ODG criteria for durable medical equipment and therefore cannot be supported. Therefore, the request IS NOT medically necessary.