

Case Number:	CM14-0178033		
Date Assigned:	10/31/2014	Date of Injury:	07/26/1998
Decision Date:	12/08/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	10/27/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 63-year-old female with a 7/26/98 date of injury, when she injured her left foot and both arms while holding cables attached to a balloon, which flew due to a gust of wind. The patient underwent total left hip replacement in 2007. The patient was seen on 10/7/14 with complaints of 5-7/10 pain and spasms in the lumbar and cervical spine. The patient was utilizing opioids for pain and was using a zero gravity chair to reduce hip and back pain. Exam findings of the cervical spine revealed muscle spasm in the left levator scapulae muscle, positive Spurling's test bilaterally and pain to the paracervical region. There was tenderness to palpation and muscle spasm in the left posterior thoracic region and pain with spasm in the hips. There was tenderness to palpation in the lumbosacral and pelvic region. The diagnosis is status post total left hip replacement, chronic lumbago and chronic neck pain. Treatment to date: total left hip replacement, work restrictions, PT, DME (durable medical equipment) and medications. An adverse determination was received on 10/21/14 given that the patient was not confined to her bed or home and that the requested tub did not meet the criteria for durable medical equipment.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 safety tub: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & leg (Acute & Chronic)

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, Durable medical equipment (DME)

Decision rationale: CA MTUS does not address this issue. ODG states that Durable medical equipment (DME) is 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. Certain DME toilet items (commodes, bed pans, etc.) are medically necessary if the patient is bed- or room-confined, and devices such as raised toilet seats, commode chairs, sitz baths and portable whirlpools may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. However, there is a lack of documentation indicating that the patient was not able to use regular tub or shower. In addition, there is no rationale indicating the necessity for a safety tub for the patient and it does not meet the criteria of durable medical equipment. Therefore, the request for 1 safety tub was not medically necessary.