

<b>Case Number:</b>	CM14-0184935		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	09/04/1996
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2014

### 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 Internal Medicine 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:

The injured worker (IW) is a 64-year-old man with a date of injury of September 4, 1996. The mechanism of injury was not documented in the medical record. The IW had total hip arthroplasty on July 23, 2014 and subsequent surgery on August 22, 2014 secondary to dislocation. Pursuant to the most recent progress note dated October 14, 2014, subjective complains were not documented. The note states that the IW presents for a follow-up of his industrial injury. The provider indicated that the IW is wearing an AFO ankle brace for support due to severe foot drop on the left side. . The IW uses a wheeled walker with a seat for ambulation. He has limited mobility. He has a lot of pain. Current medications were not documented. The IW has been diagnosed with left hip pain, lumbago, and neuropathy. The provider is recommending a Safe Step tub because the IW cannot get in and out of the tub on his own. The provider indicated that the IW is unable to stand in the shower to bathe because of the nerve damage in the left lower extremity; therefore, a shower chair is not appropriate or adequate.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Safe Step Walk In Tub for left foot/hip injury:** 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 Official Disability Guidelines (ODG); Pain Section, Durable Medical Equipment

**Decision rationale:** Pursuant to the Official Disability Guidelines, safe step walk in tub for left/hip injury is not medically necessary. The MTUS and ACOEM not address this issue. Durable medical equipment (DME) is recommended generally if there is a medical need and if the device or system meets Medicare's definition of DME. Most bathroom and toilet supplies not customarily servant medical purpose and are primarily used for convenience in the home. Medical conditions that resulted 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: can withstand repeated use; is primarily and customarily used to serve a medical purpose; generally is not useful to a person in the absence of illness or injury; and is appropriate for use in the patient's home. The safe step walk in tub does not serve a medical purpose. The Safe Step Walk-In Tub does not meet Medicare's definition of DME. Therefore, the Safe Step Walking Tub is not medically necessary.