

Case Number:	CM15-0008944		
Date Assigned:	01/26/2015	Date of Injury:	06/12/2012
Decision Date:	03/24/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/15/2015

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 50 year old female, who sustained an industrial injury on 6/12/12. Per the office visit of 12/05/2014, the injured worker indicated her quality of sleep was poor. The activity level remained the same. The injured worker's medications included Cymbalta 30 mg 1 three times a day, Celebrex 100 mg 1 twice a day as needed, Celexa 20 mg 1 daily, oxycodone hydrochloride IR 5 mg tablets 1 twice a day, tizanidine hydrochloride 2 mg tablets 1 to 2 at bedtime as needed, and Motrin IB 200 mg capsules. The documentation indicated the injured worker was having difficulty showering and indicated that she needed to use her cane to shower and it was very difficult for her daughter to help with showering. The physical examination was noted to reveal a left sided antalgic slowed gait with the use of a cane. The injured worker had decreased range of motion of the lumbar spine, the ankle jerk was 1/4 on the bilateral lower extremities and the patellar jerk was 1/4 on the left side. The patellar jerk was 2/4 on the right side. The lumbar facet was positive on the bilateral sides. The straight leg raise was negative. The injured worker was noted to undergo an MRI of the left foot, an MRI of the lumbar spine, and an EMG/NCS of the lower extremities. The diagnoses included lumbar radiculopathy, foot pain, and sacroiliac pain. The treatment plan included a refill of the medications and a shower chair as the injured worker indicated it was difficult to shower. There was a Request for Authorization submitted for review for the requested interventions.

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 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 & Leg Chapter, Bathtub seats.

Decision rationale: The Official Disability Guidelines indicate that bathtub seats are considered a comfort or convenience item, hygienic equipment, and not primarily medical in nature, and as such, would not be supported. Therefore, this request would not be supported. Given the above, the request for a shower chair is not medically necessary.