

<b>Case Number:</b>	CM15-0011568		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	12/25/2013
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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:

This 58 year old woman sustained an industrial injury on 12/25/2003. The mechanism of injury is not detailed. Current diagnoses includes lumbar disc disease and lumbar spine radiculopathy. Treatment has included oral medications. Physician notes on a PR-2 dated 12/4/2014 shows complaints of pain to the left hip, low back, and right knee. Requests are made for a resistance chair, smooth rider, and a shower chair, however, only minimal notes are identified and no physical examination is available. On 12/23/2014, Utilization Review evaluated a prescription for a shower chair, that was submitted on 1/15/2015. The UR physician noted that there was no documentation to support the worker was unable to shower while standing. Durable medical equipment is not supported without documentation of medical necessity. The MTUS, ACOEM Guidelines (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Shower Chair:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation knee chapter, Bathtub Seat

**Decision rationale:** This patient presents with left hip pain, lower back pain, and right knee pain. The treater has asked for SHOWER CHAIR on 12/4/14 . The patient is ambulating with a single point cane, per physical exam on 12/4/14. Review of the reports do not show any documentation of other functional deficits. Regarding bathtub seats, ODG knee chapter states they are considered a comfort or convenience item, hygienic equipment, and not primarily medical in nature. In this case, the patient has a chronic pain condition, and is ambulating with a single point cane. The requested shower seat is considered a comfort/convenience item per ODG guidelines, but it appears a shower seat would be appropriate to address patient's functional deficits, as a safety measure to avoid falls. The request IS medically necessary.