

Case Number:	CM15-0119727		
Date Assigned:	06/30/2015	Date of Injury:	10/23/2008
Decision Date:	07/29/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/22/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 60-year-old female sustained an industrial injury on 1/1/90. The injured worker was receiving ongoing treatment following a cerebrovascular accident. Recent treatment consisted of medication management. In a supplemental report dated 8/27/14, the physician noted that the injured worker showed moderate to marked weakness in the left upper extremity and left lower extremity. The injured worker was not able to use her left upper extremity for any significant tasks. The injured worker was unable to bathe herself. She did not have grasping or lifting ability and had lost tactile discrimination in the left upper extremity. In a PR-2 dated 4/16/15, the injured worker complained of increased headaches. The physician noted that the injured worker's neurologic status was unchanged. The injured worker had difficulty caring for herself and was requesting a bathtub for handicapped. Current diagnoses included hypertension and cerebrovascular accident. The treatment plan included requesting a handicapped bathtub and continuing medications (Lisinopril, Protonix, Alprazolam and Levothyroxine).

IMR ISSUES, DECISIONS AND RATIONALES

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

Bathtub for Handicapped, Qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Durable Medical Equipment (DME), online.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) lower extremity (knee) chapter, bathtub seats.

Decision rationale: The MTUS does not address bathtubs as durable medical equipment; therefore, the ODG provide the best means of assessing clinical necessity in this case. The provided notes give little insight into the request, stating simply that the patient is having difficulty bathing. The ODG states that bathtub seats are considered a comfort or convenience item, hygienic equipment, & not primarily medical in nature. This pertains to bathtubs and bathtub equipment. Without further compelling evidence/assessment for the requirement of durable medical equipment in this case, the request cannot be considered medically necessary at this time.