

Case Number:	CM15-0123050		
Date Assigned:	07/07/2015	Date of Injury:	03/13/2014
Decision Date:	07/31/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/25/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 58 year old female, who sustained an industrial injury on 3/13/14. The diagnoses have included osteoarthritis of the knee, chondromalacia patellae and obesity. Treatment to date has included medications, activity modifications, off of work, ice, cane, surgery, physical therapy and home exercise program (HEP). Currently, as per the physician progress note dated 5/26/15, the injured worker complains of right knee pain and ambulates with the use of a cane status post right knee surgery. She states the pain is unchanged and that she has stopped the Zoloft, Celebrex and Tramadol as they were bothering her stomach. The objective findings reveal height of 5 feet 10 inches and weight of 226 pound. She received an injection which took the edge off of the pain; she ices the right knee and is having problems with the left knee as well. There is mild tenderness noted to palpation of the right knee, range of motion is 0-125 and there is positive crepitus noted. She was given a prescription for Lidoderm patches. The physician notes that she has patellofemoral arthrosis in the right knee and increased pain in the left knee which is aggravated by her obesity. She is having difficulty getting up and down the stairs and in and out of the tub. The physician requested treatment included a Walk in tub.

IMR ISSUES, DECISIONS AND RATIONALES

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

Walk in tub: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 (Acute & Chronic), Durable medical equipment (DME).

Decision rationale: The claimant sustained a work injury in March 2014 and continues to be treated for right knee pain. She underwent arthroscopic surgery with a partial meniscectomy in September 2014. When seen, she had completed physical therapy and was to continue a home exercise program. Her BMI was over 32. Left knee range of motion was from 0 to 125 degrees. There was crepitus. Diagnoses were chondromalacia and osteoarthritis. The prior evaluation references the claimant as able to ambulate with a cane and walking daily, up to three blocks. Durable medical equipment can be recommended 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. In this case, the claimant has functional knee range of motion and is able to ambulate with a cane. She is not home bound. The request is not medically necessary.