

<b>Case Number:</b>	CM15-0026554		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	06/15/1985
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

The injured worker is a 49 year old male, who sustained an industrial injury on June 15, 1985. He has reported right shoulder pain and trouble getting in and out of the pool for daily exercises. The diagnoses have included paraplegia, thoracic 11-Lumbar 1 spinal injury, neurogenic bladder, incontinence, need for male condom catheter and leg bag, wheelchair bound, recurrent urinary tract infection and right shoulder pain secondary to a crush injury. Treatment to date has included radiographic imaging, diagnostic studies, conservative therapies, aquatic therapy, pain medications and work restrictions. Currently, the IW complains of right shoulder pain and trouble getting in and out of the pool for daily exercises. He also reported urinary incontinence, erectile dysfunction, frequent urinary tract infections and a history of skin breakdown. The injured worker reported an industrial injury in 1985, resulting in the above described symptoms and abnormalities. He reported driving heavy equipment under a boom and the boom falling on him striking his back. He has been treated with therapies and pain medications. He reported using an aquatic exercise plan daily. He also reported difficulty getting in and out of the pool safely. Evaluation on September 11, 2014, revealed continued difficulties getting in and out of the pool and continued right shoulder pain. On January 27, 2015, Utilization Review non-certified a request for a pool lift, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 10, 2015, the injured worker submitted an application for IMR for review of requested pool lift.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pool lift:** 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), Treatment Index, Knee & Leg, Durable Medical Equipment (DME).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Durable medical equipment (DME <http://www.odg-twc.com/index.html>).

**Decision rationale:** According to ODG guideline Durable medical equipment "Recommended generally 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." The term DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. (CMS, 2005). There is no documentation of the goals from using a DME. There is no documentation for the need of pool lift. The patient was diagnosed with paraplegia and shoulder pain for which make it difficult to get off the pool. It is not clear how pool lift will help the patient. The patient has a shoulder pain which should be treated before considering other interventions. Therefore, the request for is not medically necessary.