

Case Number:	CM15-0077174		
Date Assigned:	04/28/2015	Date of Injury:	09/15/2005
Decision Date:	05/26/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/22/2015

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: Texas, Florida, California

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:

The injured worker is a 49 year old male, who sustained an industrial injury on 9/15/2005. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include lumbar facet syndrome and degenerative disc disease. Treatments to date include physical therapy, chiropractic therapy, massage, home exercise and medication therapy. Currently, he complained of increased low back pain. On 4/13/15, the physical examination documented tenderness and muscle spasm in the lumbar spine. The plan of care included hydrotherapy in the form of a hot tub necessary due to his height at 6 foot 7 inches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot 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: Knee & Leg chapter (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

Decision rationale: This claimant was injured 10 years ago. There is degenerative lumbar facet syndrome. This is a hot and cold therapy pump. This durable medical equipment item is a device to administer regulated heat. The hot tub is to address the back pain. However, the MTUS/ACOEM guides note that "during the acute to subacute phases for a period of 2 weeks or less, physicians can use passive modalities such as application of heat and cold for temporary amelioration of symptoms and to facilitate mobilization and graded exercise. They are most effective when the patient uses them at home several times a day." More elaborate equipment than simple hot packs are simply not needed to administer heat and cold modalities; the guides note it is something a claimant can do at home with simple home hot made at home, without the need for such equipment. As such, this DME would be superfluous and not necessary, and not in accordance with MTUS/ACOEM. The request is appropriately not medically necessary.