

Case Number:	CM15-0077309		
Date Assigned:	04/28/2015	Date of Injury:	05/01/2000
Decision Date:	06/01/2015	UR Denial Date:	04/16/2015
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: California
 Certification(s)/Specialty: Internal 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 62 year old male who sustained an industrial injury on 05/01/2000. Diagnoses include post laminectomy syndrome, arthritis of the knees-status post bilateral knee replacements, carpal tunnel syndrome, lumbar radiculopathy, sprain/strain of the ankle, anxiety disorder, depression, and dyslexia. Treatment to date has included diagnostic studies, multiple surgeries, medications, therapy, trigger point injections, back brace, cane, modified activity level, and wrist splint. A physician progress note dated 03/16/2015 documents the injured worker complains of intractable back pain. He describes his pain a constant and it is moderate to severe with profound limitations. He has radiation of pain to bilateral lower extremities. He also has numbness in both feet and pain wakes him up at night. His right hand has paresthesias and pain that is getting progressively worse. Treatment requested is for purchase of a shower hose, purchase of a shower commode, and purchase of a shower mat.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 purchase of shower mat: 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), Knee & Leg.

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), Bathtub seats, Shower grab bars.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address durable medical equipment. Official Disability Guidelines (ODG) indicates that most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. Environmental modifications are considered not primarily medical in nature. Bathtub seats are considered a comfort or convenience item, hygienic equipment, and not primarily medical in nature. Shower grab bars are considered a self-help device, not primarily medical in nature. The orthopedic progress report dated 2/18/15 does not document a physical examination. The orthopedic progress report dated 3/16/15 does not document a physical examination. The orthopedic spine consultant's report dated 4/15/15 documented that the patient was well developed and well nourished. He stands erect with no sagittal or coronal plane deformity. Range of motion reveals flexion 30 degrees, extension 5 degrees, and lateral bending 5 degrees. Neurologic examination of the lower extremities is normal. There was no indication that the patient is homebound or bed-confined. Official Disability Guidelines (ODG) indicates that most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. Environmental modifications are considered not primarily medical in nature. Official Disability Guidelines (ODG) support the request for a shower mat. Therefore, the request for a shower mat is not medically necessary.

1 purchase of Shower Hose: 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), Knee & Leg.

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), Bathtub seats, Shower grab bars.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address durable medical equipment. Official Disability Guidelines (ODG) indicates that most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. Environmental modifications are considered not primarily medical in nature. Bathtub seats are considered a comfort or convenience item, hygienic equipment, and not primarily medical in nature. Shower grab bars are considered a self-help device, not primarily medical in nature. The orthopedic progress report dated 2/18/15 does not document a physical examination. The orthopedic progress report dated 3/16/15 does not document a physical examination. The orthopedic spine consultant's report dated 4/15/15 documented that the patient was well developed and well nourished. He stands erect with no sagittal or coronal

plane deformity. Range of motion reveals flexion 30 degrees, extension 5 degrees, and lateral bending 5 degrees. Neurologic examination of the lower extremities is normal. There was no indication that the patient is homebound or bed-confined. Official Disability Guidelines (ODG) indicates that most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. Environmental modifications are considered not primarily medical in nature. Official Disability Guidelines (ODG) support the request for a shower hose. Therefore, the request for a shower hose is not medically necessary.

1 purchase of Shower commode: 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), Knee & Leg.

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), Bathtub seats, Shower grab bars.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address durable medical equipment. Official Disability Guidelines (ODG) indicates that most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. Environmental modifications are considered not primarily medical in nature. Bathtub seats are considered a comfort or convenience item, hygienic equipment, and not primarily medical in nature. Shower grab bars are considered a self-help device, not primarily medical in nature. The orthopedic progress report dated 2/18/15 does not document a physical examination. The orthopedic progress report dated 3/16/15 does not document a physical examination. The orthopedic spine consultant's report dated 4/15/15 documented that the patient was well developed and well nourished. He stands erect with no sagittal or coronal plane deformity. Range of motion reveals flexion 30 degrees, extension 5 degrees, and lateral bending 5 degrees. Neurologic examination of the lower extremities is normal. There was no indication that the patient is homebound or bed-confined. Official Disability Guidelines (ODG) indicates that most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. Environmental modifications are considered not primarily medical in nature. Official Disability Guidelines (ODG) support the request for a shower commode. Therefore, the request for a shower commode is not medically necessary.