

<b>Case Number:</b>	CM15-0093897		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	12/21/2000
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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: Family Practice

### 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 78 year old male, who sustained an industrial injury on 12/21/2000. He has reported injury to the right elbow, bilateral shoulders, and low back. The diagnoses have included multiple level degenerative disc disease and spondylolysis of the lumbar spine; lower extremity radiculopathy and neuropathy; bilateral sacroiliac joint sprains; right shoulder rotator cuff tear; left shoulder rotator cuff tear associated with impingement status post surgery; and right elbow triceps tendon rupture status post surgery. Treatment to date has included medications, diagnostics, bracing, walker, lift chair, electric scooter, and surgical interventions. Medications have included Neurontin. A progress note from the treating physician, dated 05/05/2015, documented a follow-up visit with the injured worker. The injured worker reported that he needs help from his wife with bathing and dressing; falls due to lower extremity weakness; increased pain in the lower back and the left knee; pain in both shoulders and right elbow; and constant numbness and tingling in both of his legs. Objective findings included using walker; walking ability is very unbalanced; right elbow range of motion decreased; triceps somewhat atrophied with weakness and pain; left shoulder tenderness over the rotator cuff; rotational impingement test is positive; lower back pain is described as being deeper on the surface and mainly in the midline and towards the sacroiliac joints; generalized weakness in of the muscles in the lower extremities with obvious atrophy of his calf muscle braces are present on both of the legs; and there is moderate medial joint line tenderness of the left knee. The treatment plan has included the request for 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, Knee & Leg, Durable medical equipment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Durable medical equipment (DME).

**Decision rationale:** This injured worker receives treatment for pain involving the low back, right elbow, and both shoulders. The patient complains of lower extremity weakness and requires assistance with bathing and dressing. This relates back to an industrial injury dated 12/21/2000. This review addresses a request for a walk-in tub. This request falls under the durable medical equipment guidelines (DME) of Medicare. Most bathroom equipment and supplies are for convenience in the home environment and they do not reach the level of medical necessity. The documentation did not address why a bench and wall mounted bars were insufficient to allow the activities of bathing to be performed. The documentation does not provide additional support to recommend the walk-in tub. The walk-in tub is not medically necessary.