

<b>Case Number:</b>	CM13-0067951		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	06/29/1996
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This female sustained an injury on 6/29/96 while employed by [REDACTED]. Request under consideration include a 3 in 1 commode/shower chair. Request was non-certified on 11/25/13 citing lack of legible medical information and clarification to support the request. Report of PA-c for provider on 11/12/13 noted pain followed by pain management for pain pump. Exam noted tenderness to palpation; painful limited range of motion. Diagnoses noted pseudo T10-11; fusion of T12-L1; illegible. Returned to modified work. Review indicated a work status report dated 9/18/12 noting the patient is released to modified duty. Report noted the patient is working with trainer to help increase the strength and has follow up with pain management to increase pump slowly (implant on 4/16/12). Exam noted no tenderness to palpation at vertebral; functional active range of motion; positive parathoracic tenderness; well-healed scar; and slow cautious gait. Diagnoses were pseudo T10-11 and chronic pain. Report from pain management provider noted that the patient had an implant on 4/16/12 with 7/10 occasional breakthrough pain; has joined gym and working with personal trainer; level of activity is increased; and can now walk 2 miles in 30 minutes. Patient works full-time at home. Exam showed patient ambulating with cane; pump at 1.2 mg a day; range in flexion/ext/lateral bending 80/10/10 degrees. Diagnoses included s/pre-implant pump, progressing well; doubt need for functional restoration program; post lumbar laminectomy syndrome; weaned to minimal narcotics; development of arachnoiditis. Treatment plan to continue oral meds, increase pain pump; physical therapy; continue working full-time; Elavil for arachnoiditis; doubt need for FRP.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3 in 1 commode/shower chair:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-  
<https://www.acoempracguides.org/LowBack>, Low Back Disorders

**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), pages 297-298

**Decision rationale:** The Guidelines note that although most bathroom and toilet supplies do not serve a medical purpose, certain medical conditions resulting in physical limitations that require environmental modifications for prevention of injury are considered not primarily medical in nature. Regarding DME toilet items such as commodes, they are medically necessary if the patient is bed or room-confined and may be prescribed as part of a medical treatment for significant injury or infection resulting in physical limitations. Submitted reports have not adequately demonstrated support for this DME as medically indicated and have failed to identify any physical limitations requiring such a DME. Therefore, the request for a 3 in 1 commode/shower is not medically necessary and appropriate.