

<b>Case Number:</b>	CM14-0015350		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	12/17/2013
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/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:

The injured employee is a 69-year-old gentleman sustained a work-related injury on December 17, 2003. The mechanism of injury is unknown. The injured employee complains of chronic progressive left hip pain since that time. Prior treatment has included physical therapy, and medications including Naprosyn and hydrocodone without relief. The injured employee states he has pain with walking but requires no assistive devices. Physical examination on December 11, 2013, and antalgic gait. Distal sensation is intact and muscle strength is 5/5. X-rays of the left hip show severe osteoarthritis with bone on bone changes, subchondral sclerosis, loss of joint space, and osteophyte formation. A total hip arthroplasty was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BEDSIDE COMMODORE:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/ency/patientinstructions/000167.htm>

**Decision rationale:** The use of a bedside commode is useful after hip surgery such as a total hip arthroplasty. This device can help prevent excessive hip flexion which could cause postoperative problems. This request for a bedside commode is medically reasonable and necessary.

**SHOWER SEAT:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/ency/patientinstructions/000167.htm>

**Decision rationale:** As with the use of a bedside commode the use of a shower seat can help with bathroom safety as well as prevent excessive hip flexion postoperatively. The use of a shower seat is medically reasonable and necessary. &#8195;