MAXIMUS Federal Services

Case Number:	CM14-0110432		
Date Assigned:	08/01/2014	Date of Injury:	11/05/1991
Decision Date:	10/07/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/16/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 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 worker is a 57 year old female whose date of injury is 11/05/1991. On this date the injured worker ran into a drawer and struck her knee. Diagnoses are unspecified internal derangement of knee, lumbosacral spondylosis without myelopathy, radiculopathy of the lumbar spine, and CRPS (complex regional pain syndrome) type 1 of the lower extremities. Treatment denial appeal dated 07/18/14 indicates that the injured worker complains of pain in her lower back region which radiates to her lower extremities bilaterally. The injured worker underwent lumbar surgery on 07/10/11 and has had a total of 9 knee surgeries. She has tried conservative treatment including medication management, physical therapy and home exercise program. She is having a lot of pain getting up and down from the toilet and reports that her old toilet riser is falling apart.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPLACEMENT TOILET RISER: 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 AND LEG (ACUTE & CHRONIC) 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) Knee and Leg Chapter, Durable medical equipment (DME)

Decision rationale: Although it is reported that the injured worker has significant pain when getting up and down from the toilet, the submitted records fail to establish that the injured worker is unable to rise from a toilet seat without assistance. Therefore, medical necessity for the request is not established in accordance with the Official Disability Guidelines.