

Case Number:	CM14-0152950		
Date Assigned:	09/23/2014	Date of Injury:	07/11/2002
Decision Date:	10/24/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/19/2014

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 & 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 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:

This is a 49 year old female with a 7/11/2002 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 8/11/14 noted subjective complaints of back and bilateral leg pain, and weak right hand grip. Objective findings included low back muscle spasm, bilateral hand grip weakness. Diagnostic Impression: lumbar disc degeneration. Treatment to Date: medication management. A UR decision dated 8/22/14 denied the request for shower chair. Guidelines state that most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. There was not noted established clinical function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shower chair: 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 Chapter, (Acute And Chronic).

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 chapter - durable medical equipment

Decision rationale: CA MTUS does not address this issue. ODG states that they are recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME). Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. Certain DME toilet items (commodes, bed pans, etc.) are medically necessary if the patient is bed- or room-confined, and devices such as raised toilet seats, commode chairs, sitz baths and portable whirlpools may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. However, there is no documentation that the patient is bed-bound or room confined. Guidelines state that bathroom supplies do not customarily serve a medical purpose and are primarily used for convenience. Therefore, the request for shower chair was not medically necessary.