

<b>Case Number:</b>	CM14-0158078		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	01/19/2012
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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, has a subspecialty in Interventional Spine, 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 patient is a 45-year-old female with a date of injury of 01/19/2012. The listed diagnoses per [REDACTED] are: 1. L2 spinal cord injury. 2. Status post L2 burst fracture, 01/19/2012. 3. Status post T12 to L4 fusion on 01/23/2012. 4. Neurogenic bowel. 5. Neurogenic bladder. 6. Chronic right S1 radiculopathy. 7. Right ischial gluteal bursitis. According to progress reports 08/26/2014, this patient presents with chronic shoulder and back pain. The patient has completed physical therapy for her shoulder bursitis and impingement syndrome. On examination, she ambulates with a slow and guarding gait. She alternates between sitting and lying down. She has full range of motion in her bilateral shoulders but remains tender over her bilateral subacromial bursa. The treater states that the patient was seen by urologist [REDACTED] who recommended surgery for rectocele. He also recommended intermittent catheterization training as well as the use of "a squatty potty." Utilization review denied the request on 09/11/2014. Treatment reports from 05/22/2013 through 08/26/2014 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Squatty Potty:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross of California Medical Policy 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) Guidelines, Knee Chapter

**Decision rationale:** This patient presents with continued Low Back and Shoulder Complaints. The patient has neurogenic bowel/bladder as well. The treater is requesting a squatty potty. Utilization review denied the request stating, "there is no indication that the claimant has difficulty utilizing a standard toilet set." Search on the internet at Squattypotty.com indicates that the squatty potty is a specialized stool placed under the toilet to elevate the feet. Squattypotty.com states that this is a "toilet stool which was been redefined for healthy toilet posture." ODG Guidelines, under its knee chapter, discusses Durable Medical Equipment and states that for an equipment to be considered a medical treatment it needs to be used primarily and customary for medical purposes. It generally is not useful to a person in the absence of illness or injury. In this case, the request appears reasonable given the patient's neurogenic bowel. Raised leg position may help the patient with bowel movements. Squatty potty is not something that normal individuals would use. Recommendation is for authorization.