

Case Number:	CM14-0024856		
Date Assigned:	06/11/2014	Date of Injury:	05/23/2011
Decision Date:	08/04/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/26/2014

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 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 male who reported an injury on 05/23/2011. The mechanism of injury was noted to be a fall. The injured worker's prior treatments include physical therapy, injections, back brace, medications, and aqua therapy. The injured worker's diagnoses were noted to be left knee pain, hypertension, obesity, and sleep apnea. The injured worker had a clinical evaluation on 01/06/2014. It is noted in the primary treating physician's progress report that the injured worker is status post left total knee arthroplasty. He states that he is going to physical therapy and that it is helping, but sometimes it feels as if the prosthesis moves and feels unstable. The injured worker indicated his pain is a 5 on a 0 to 10 scale. The objective findings included the incision healing well of the left knee surgery. There was mild tenderness along the left knee and it was noted that the injured worker was limping with ambulation. X-rays were taken of the left knee. The treatment plan included a recommendation to continue postoperative physical therapy, and a urine drug screen to check efficacy of medications. The provider's rationale for the request was not provided within the documentation. A request for authorization for medical treatment was not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

BATH CHAIR PURCHASE #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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, Durable medical equipment (DME).

Decision rationale: The request for bath chair purchase #1 is non-certified. The Official Disability Guidelines recommend durable medical equipment generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. 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 durable medical equipment toilet items are medically necessary if the patient is bed or room confined, and devices such as raised toilet seats, commode chairs, sitz bath, 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. According to the primary treating physician's progress report dated 01/06/2014, the injured worker walks with a limp. It is not noted within the documentation that the injured worker is bed or room confined. The treatment plan does not include a prescription or a medical necessity for a bath chair purchase. Therefore, the request for bath chair purchase #1 is non-certified.