

Case Number:	CM14-0025151		
Date Assigned:	06/11/2014	Date of Injury:	05/02/2011
Decision Date:	07/28/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/27/2014

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 Orthopedic Surgery, and is licensed to practice in Texas. 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 60-year-old male who reported an injury on 05/02/2011 due to a fall. On 01/30/2014, the injured worker stated to be comfortable. Upon examination of the right knee, there was excellent stability, no calf pain, no saphenous pain, and complete extension and flexion of 115 degrees. Prior therapy included medications, surgery, and therapy. The diagnosis was status post right knee total replacement on 01/13/2014. The provider recommended a purchase of a shower rail for postoperative right knee surgery use. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF ONE (1) SHOWER RAIL FOR POSTOPERATIVE RIGHT KNEE SURGERY USE: Upheld

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 Official Disability Guidelines (ODG) Knee, Durable Medical Equipment (DME).

Decision rationale: The injured worker is a 60-year-old male who reported an injury on 05/02/2011 due to a fall. On 01/30/2014, the injured worker stated to be comfortable. Upon examination of the right knee, there was excellent stability, no calf pain, no saphenous pain, and complete extension and flexion of 115 degrees. Prior therapy included medications, surgery, and therapy. The diagnosis was status post right knee total replacement on 01/13/2014. The provider recommended a purchase of a shower rail for postoperative right knee surgery use. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.