

<b>Case Number:</b>	CM14-0038347		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	05/10/2001
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 60-year-old male with an injury date on 05/01/2001. Based on the 02/07/2014 progress report provided by [REDACTED], the patient presents with status post coronary artery bypass graft (CABG), heart failure with preserved systolic function, sleep apnea, chronic pain syndrome, COPD, morbid obesity, status post gastric bypass, and recurrent episodes of altered consciousness. The diagnoses are: 1. Renal Insufficiency; 2. Persantine Cardiolytic; 3. Altered levels of consciousness with narcotics; 4. Intolerant of flecainide: Syncope; 5. Syncope, recurrent; 6. Implantable loop recorder; 7. Palpitation; 8. Obesity: morbid; 9. Easy fatigability; 10. Atherosclerosis, coronary; 11. Hypertension; 12. Hyperlipidemia NEC/NOS; 13. Reactive airway disease; 14. Dextrocardia; 15. Sleep apnea; 16. Coronary artery disease, SIP CABG; 17. Bariatric surgery; 18. Paroxysmal atrial flutter, with angina; 19. Muscle tremor, upper extremities. Exam on 02/07/2014 indicated the patient is obese with a BMI of 35.62. He has severe fatigability, with recurrent chest pain, palpitations, and syncope. The patient also experiences marked fatigue with any sustained activity, such as walking a few minutes or standing for more than a minute. [REDACTED] is requesting handicapped accessible restroom. The utilization review determination on 03/26/2014 is being challenged. [REDACTED] is the requesting provider, and he provided treatment reports from 08/13/2013 to 04/28/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Handicapped accessible restroom: 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)- Durable Medical Equipment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC guidelines, Knee Chapter online for DME.

**Decision rationale:** This patient presents with multiple cardiovascular problems on a follow up visit. The treater has asked for a handicapped accessible restroom on 02/07/2014. Review of the report indicates the patient cannot walk safely by himself and is a high risk for falling in the bathroom. The patient is not able to get himself up after falling. The provider states it is medically necessary for him to have a handicapped bathroom to meet his needs, and it is required for his care and safety. The MTUS and ACOEM Guidelines do not address handicapped accessible restroom; however, the ODG Guidelines states, Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below. 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. In this case, the patient may benefit from a walker, raised toilette seat, a grab bar or other simple measures to ensure patient's safety. However, the treater's request for handicap accessible restroom is vague and unclear therefore handicapped accessible restroom is not medically necessary.