

Case Number:	CM14-0042621		
Date Assigned:	06/30/2014	Date of Injury:	01/30/2012
Decision Date:	07/30/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/09/2014

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 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 claimant is a 50-year-old female who sustained a right knee injury in an April 30, 2012, work-related accident. A March 31, 2014, utilization review certified the request for total joint arthroplasty with a three-day inpatient hospital stay, post-operative use of physical therapy, preoperative medical clearance, and post-operative use of a cryotherapy device and home health services. This request is for the purchase of a raised commode seat and the purchase of a transfer bench, both for use in the post-operative period.

IMR ISSUES, DECISIONS AND RATIONALES

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

Raised toilet seat for purchase: 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)- Knee & Leg Procedure Summary, indications for DME (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); Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure -Durable medical equipment (DME).

Decision rationale: California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. According to Official Disability Guidelines, the purchase of an elevated commode seat would not be indicated in this case. This claimant is to undergo a total joint arthroplasty, a surgery for which she will be weight bearing as tolerated and mobile following the procedure. The clinical records available for review do not document factors that would support the need for an elevated commode seat in the post-operative setting. Therefore, this request would not be supported as medically necessary.

Transfer bench for purchase: 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)- Knee & Leg Procedure Summary, indications for DME (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); Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure -Durable medical equipment (DME).

Decision rationale: California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. According to Official Disability Guidelines, the purchase of a transfer bench would not be indicated in this case. This claimant is to undergo a total joint arthroplasty, a surgery for which she will be weight bearing as tolerated and mobile following the procedure. The clinical records available for review do not document factors that would support the need for a transfer bench in the post-operative setting. Therefore, as with the raised commode seat, this request would not be supported as medically necessary.