MAXIMUS Federal Services

Case Number:	CM14-0048989		
Date Assigned:	06/25/2014	Date of Injury:	01/24/2003
Decision Date:	07/25/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	03/26/2014

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 Internal Medicine, 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 an injured worker with a left knee condition. The date of injury was 1/24/03. The primary treating physician's progress report dated 3/10/14 states that the subjective complaints were knee pain, and difficulty with any weight bearing activity. Objective findings were of an obese female who walks with a labored gait. Diagnoses included sprain of knee and leg, chondromalacia patellae, and derangement of the medial meniscus. The patient has noticed improvement in the knee with Orthovisc injections. The PR-2 dated 12/11/13 documented no apparent distress, marked altered gait, and the use of a cane for ambulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unit Shouwer stall to be installed: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The Chronic Pain Medical Treatment Guidelines states that home health services are recommended only for medical treatment for patients who are homebound. Medical treatment does not include homemaker services like personal care like bathing, and using the

bathroom. The Official Disability Guidelines state that durable medical equipment (DME) is recommended 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. Environmental modifications are considered not primarily medical in nature. Certain DME toilet items (commodes, bed pans, etc.) are medically necessary if the patient is bed- or room-confined. Bathtub seats are considered a comfort or convenience item, hygienic equipment, & not primarily medical in nature. Shower grab bars are considered a self-help device, not primarily medical in nature. The primary treating physician's progress reports dated 3/10/14 and 12/11/13 document that the patient has left knee sprain, chondromalacia patellae, and medial meniscus derangement. The patient was ambulatory. The patient is not bed- or room-confined. Clinical guidelines and medical records do not support the medical necessity of a shower stall. As such, the request is not medically necessary.

Replace Toilet: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The Chronic Pain Medical Treatment Guidelines states that home health services are recommended only for medical treatment for patients who are homebound. Medical treatment does not include homemaker services like personal care like bathing, and using the bathroom. The Official Disability Guidelines state that durable medical equipment (DME) is recommended 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. Environmental modifications are considered not primarily medical in nature. Certain DME toilet items (commodes, bed pans, etc.) are medically necessary if the patient is bed- or room-confined. Bathtub seats are considered a comfort or convenience item, hygienic equipment, & not primarily medical in nature. Shower grab bars are considered a self-help device, not primarily medical in nature. The primary treating physician's progress reports dated 3/10/14 and 12/11/13 document that the patient has left knee sprain, chondromalacia patellae, and medial meniscus derangement. The patient was ambulatory. The patient is not bed- or room-confined. Clinical guidelines and medical records do not support the medical necessity of a replacement toilet. As such, the request is not medically necessary.