

Case Number:	CM14-0049391		
Date Assigned:	07/07/2014	Date of Injury:	12/30/2003
Decision Date:	08/12/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/17/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic bilateral knee pain reportedly associated with an industrial injury of December 30, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; bilateral knee ACL reconstruction surgeries; unspecified amounts of physical therapy over the course of the claim; topical agents; psychotropic medications; electric wheelchair; the apparent imposition of permanent work restrictions. In a Utilization Review report dated December 30, 2003, the claims administrator denied a request for evaluation of bathtub and toilet for safety adjustments and accommodations. The applicant's attorney subsequently appealed. In an April 7, 2014 progress note, the applicant was described as having bilateral knee pain, advanced bilateral knee arthritis, depression, and tearful episodes. The applicant was having difficulty moving about, despite usage of an electric wheelchair. The applicant stated that his electric wheelchair was not functioning altogether well. The applicant exhibited a labile mood and affect in the clinic setting. Authorization for an electric wheelchair was sought. The attending provider stated that the applicant should receive home assessment to determine his functional needs as well as the need for assistive devices in the bathroom. Permanent work restrictions were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation of bathtub/toilet for safety adjustments/accomodation: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee and Leg Chapter, Durable Medical Equipment topic.

Decision rationale: According to the Official Disability Guidelines (ODG) Knee and Leg Chapter, Durable Medical Equipment topic, certain DME toilet items are medically necessary if an applicant is bed or room confined and devices such as ready toilet seats, commode chairs, etc. may be medically necessary when prescribed as part of a treatment plan for conditions which result in physical limitations. In this case, the claimant has advanced knee arthritis, is immobile, is using a wheelchair to move about. Evaluation of the claimant's bathtub and/or toilet so as to recommend possible adjustments and/or safety accommodations is indicated. Therefore, the request for evaluation of bathtub/toilet for safety adjustments/accomodation is medically necessary and appropriate.