

<b>Case Number:</b>	CM14-0056928		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	04/09/2012
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	03/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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:

This is a 24-year-old male with a 4/9/12 date of injury, when he injured his right ankle while he fell from the roof. The patient underwent right ankle surgery. The patient was seen on 11/12/13 with complaints of pain in the bilateral ankles and knees, as well as pain in the neck and low back. The exam findings revealed tenderness and spasm in the cervical and lumbar areas with decreased range of motion. Straight leg raising test was positive bilaterally. The patient was seen on 2/25/14 for the follow up visit. He was waiting for the request for bone stimulator. Exam findings revealed tenderness, spasms and decreased range of motion in the cervical spine. The patient had tenderness to palpation in the shoulders and positive impingement sign. The range of motion in the shoulders was decreased. There was paravertebral tenderness and spasms and decreased range of motion in the lumbar area and straight leg-raising test was positive bilaterally. The diagnosis is cervical/lumbar sprain/strain, status post right ankle talar dome fracture repair, bilateral knee internal derangement and right lateral epicondylitis. Treatment to date: work restrictions, cortisone injections, physical therapy, medications and right ankle surgery. An adverse determination was received on 3/25/14, however the determination letter was not available for the review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DURABLE MEDICAL EQUIPMENT MI:** 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 & Leg Chapter-Durable Medical Equipment.

**Decision rationale:** CA MTUS does not address this issue. The Durable Medical Equipment is 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. Certain DME toilet items (commodes, bed pans, etc.) are medically necessary if the patient is bed- or room-confined, and devices such as raised toilet seats, commode chairs, sitz baths and portable whirlpools may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. Many assistive devices, such as electric garage door openers, microwave ovens, and golf carts, were designed for the fully mobile, independent adult, and Medicare does not cover most of these items. There is no rationale indicating the patient's need for the Durable Medical Equipment. In addition, it is not clear what medical equipment is requested. Therefore, the request for Durable Medical Equipment MI is not medically necessary.