

Case Number:	CM14-0077639		
Date Assigned:	07/18/2014	Date of Injury:	10/21/2007
Decision Date:	09/09/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/28/2014

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 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 47-year-old male who sustained a vocational injury on October 21, 2007 while lifting a pallet. The claimant's current working diagnoses include chronic neck, thoracic and low back pain; erectile dysfunction which is opiate-induced; coccydynia; right knee pain; and right hip pain. The most recent office note available for review, dated April 17, 2014, noted that the claimant had cervical, back, low back and lumbar pain and complaints. The pain was described as aching, burning, excruciating, pressure, shooting, stabbing and stiffness along with spasming. Back extension worsened the condition as well as hip extension, hip flexion and hip rotation. Examination showed he had a slightly antalgic gait favoring the left leg. He had neck pain with palpation over the C3 to C6 facets and secondary myofascial pain with triggering and ropey fibrotic banding with positive Spurling's maneuver bilaterally and positive maximal foraminal testing bilaterally and no pain with Valsalva. In regards to the lumbosacral exam, he had positive Faber on the right with pain with palpation over the L3 through S1 facet capsules bilaterally. He had pain with rotational extension indicative of facet capsular tears bilaterally and secondary myofascial pain with triggering and ropey fibrotic banding. He was noted to have recently had MRI's of the bilateral hips which are unavailable for review; he was to have been following up with a secondary orthopedic surgeon anticipating surgical intervention. It was noted that he required weight loss prior to proceeding with such surgery. Currently there is no documentation to suggest the claimant has recently had surgical intervention with regards to the neck, thoracic spine, low back, or bilateral hips. The current request is for a raised toilet seat.

IMR ISSUES, DECISIONS AND RATIONALES

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

Raised toilet seat: 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 and Leg chapter, Durable medical equipment (DME).

Decision rationale: California MTUS and ACOEM Guidelines are silent on this issue. Official Disability Guidelines (ODG) have been referenced. ODG notes that certain DME toilet items, such as a raised toilet seat, are medically necessary if the patient is confined to the bed or room and may be considered medically necessary when described as part of the medical treatment plan for injury, infection, or conditions that result in physical limitations. DME equipment is defined as medically necessary when it is equipment which can withstand repeated use, is primarily and customarily used to serve a medical purpose and is appropriate for use in a patient's home. Currently, documentation fails to establish that the claimant has the inability to rise from a seated to a standing position or is unsafe at standard toilet heights, which would establish the medical necessity for the requested raised toilet seat. Currently there is no documentation that the claimant has had any recent surgical intervention or injury which would preclude him from participating in bathroom activities on a standard toilet seat. Therefore, based on the documentation presented for review and in accordance with Official Disability Guidelines, the request for the raised toilet seat cannot be considered medically necessary.