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| Case Number: | CM14-0187216 | | |
| Date Assigned: | 11/17/2014 | Date of Injury: | 01/21/2010 |
| Decision Date: | 01/05/2015 | UR Denial Date: | 10/30/2014 |
| Priority: | Standard | Application Received: | 11/10/2014 |

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 59-year-old female with a 1/21/10 date of injury. She twisted her right knee when she slid and fell while at work. According to a progress report dated 10/30/14, the injured worker was status post left knee ACL reconstruction surgery, performed on 10/23/14. She admitted that she was not really compliant with her knee brace and had been taking it off to walk around the house and even sleeping. Objective findings: surgical wounds healing well, minimal swelling of her knee, no distal calf swelling, intact distal neurovascular status. Diagnostic impression: status post left knee ACL reconstruction surgery, cervical disc displacement without myelopathy, lumbar degenerative disc disease. Treatment to date: medication management, activity modification, physical therapy, cervical ESI. A UR decision dated 10/30/14 denied the request for bath/shower chair. The medical records provided for this review note that the injured worker has normal motor strength in both upper and lower extremities. There is no physical reason why the injured worker should be room or bedbound.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bath/Shower Chair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Knee & Leg; 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) Knee and Leg Chapter - DME

Decision rationale: CA MTUS does not address this issue. According to ODG, DME 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. 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. However, in the present case, there is no documentation of functional deficits or limitations in the injured worker's activities of daily living in the most recent reports reviewed. In addition, there is no documentation that the requested bath/shower chair is indicated to serve a medical purpose or is part of a medical treatment plan. Therefore, the request for Bath/Shower Chair is not medically necessary.