

<b>Case Number:</b>	CM14-0210593		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	08/14/2013
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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 case is a 65 year old female with a date of injury on 8/14/2013. A review of the medical records indicate that the patient has been undergoing treatment for L5-S1 disc herniation, lumbar facet hypertrophy, right lower extremity radicular pain, and thoracic spine sprain. Subjective complaints (9/26/2014) include mid back and low back pain 9/10 on pain scale with radiation down bilateral hips, and numbness on both feet. Objective findings (9/26/2014) include limited range of motion to lumbar spine, tenderness over paraspinal muscles of thoracic and lumbar spine, and strength of 4/5 to L4, L5, and S1. Treatment has included medications and orthopedic consultation. A utilization review dated 11/25/2014 non-certified the following: -Shower Chair- Commode -Walker.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Shower Chair:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Durable

Medical Equipment (DME) and Exercise Equipment. Other Medical Treatment Guideline or Medical Evidence: Medicare.gov, durable medical equipment.

**Decision rationale:** MTUS and ACOEM are silent regarding the medical necessity of shower chairs. ODG does state regarding durable medical equipment (DME), "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below" and further details "Exercise equipment is considered not primarily medical in nature". Medicare details DME as: -durable and can withstand repeated use -used for a medical reason -not usually useful to someone who isn't sick or injured -appropriate to be used in your home Shower chair likely meets the criteria for durability and home use per Medicare classification. However, the treating physician fails to comment on what medical reason the patient has that would necessitate a shower chair. No validation of the patient's fragility, fall risk, lack of ability perform these daily activities, or other components to justify this request. In this specific case, Shower chair is not classified as durable medical equipment and are not recommended per ODG. As such, the request for Shower Chair is not medically necessary.

**Commode:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Durable Medical Equipment (DME) and Exercise Equipment. Other Medical Treatment Guideline or Medical Evidence: Medicare.gov, durable medical equipment.

**Decision rationale:** MTUS and ACOEM are silent regarding the medical necessity of shower chairs. ODG does state regarding durable medical equipment (DME), "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below" and further details "Exercise equipment is considered not primarily medical in nature". Medicare details DME as: -durable and can withstand repeated use -used for a medical reason -not usually useful to someone who isn't sick or injured -appropriate to be used in your home The request for Commode likely meets the criteria for durability and home use per Medicare classification, although the request is non-specific. However, the treating physician fails to comment on what medical reason the patient has that would necessitate a commode. No validation of the patient's fragility, fall risk, lack of ability perform these daily activities, or other components to justify this request. In this specific case, Commode is not classified as durable medical equipment and are not recommended per ODG. As such, the request for commode is not medically necessary.

**Walker:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Durable Medical Equipment (DME) and Exercise Equipment. Other Medical Treatment Guideline or Medical Evidence: Medicare.gov, durable medial equipment.

**Decision rationale:** MTUS and ACOEM are silent regarding the medical necessity of shower chairs. ODG does state regarding durable medical equipment (DME), "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below" and further details "Exercise equipment is considered not primarily medical in nature". Medicare details DME as:-durable and can withstand repeated use-used for a medical reason-not usually useful to someone who isn't sick or injured-appropriate to be used in your home The request for walker likely meets the criteria for durability and home use per Medicare classification, although the request is non-specific. However, the treating physician fails to comment on what medical reason the patient has that would necessitate a walker. No validation of the patient's fragility, fall risk, lack of ability perform these daily activities, or other components to justify this request. In this specific case, walker is not classified as durable medical equipment and are not recommended per ODG. As such, the request for walker is not medically necessary.