

<b>Case Number:</b>	CM15-0004680		
<b>Date Assigned:</b>	01/15/2015	<b>Date of Injury:</b>	05/05/2011
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 injured worker is a 59 year old male who sustained an industrial injury on 5/5/11. The injured worker reported symptoms in the right knee, right shoulder and right side of neck. The diagnoses included large herniated discs at C4-5, C5-6, C7-T1, Strain/sprain of the lumbar spine rule out disc involvement, status post right knee arthroscopy with marked narrowing of the joint space, contusion of the right foot, swelling bilateral legs, severe degenerative joint disease, right knee, right ulnar neuritis, left ulnar neuritis, rotator cuff tendonosis, right shoulder and right carpal tunnel syndrome. Treatments to date have included right total knee arthroplasty on 12/8/14, physical therapy, oral pain medication, activity restriction. PR2 dated 10/15/14 noted the injured worker presents with right knee pain rated at a 7/10 with documentation of tenderness "over the medial and lateral joint lines about his right knee", the treating physician is requesting a shower chair. On 12/23/14, Utilization Review non-certified a request for a shower chair. The MTUS, ACOEM Guidelines, (or ODG) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: Shower chair:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Knee and Leg Procedure Summary

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.  
Decision based on Non-MTUS Citation Knee and Leg, DME toilet items

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of a shower chair. Per the ODG Knee and Leg, DME toilet items (commodes, bed pans, etc.) are medically necessary if the patient is bed- or room-confined, and devices such as a 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. In this case the exam note from 10/15/14 does not demonstrate any functional limitations to warrant a shower chair postoperatively. Therefore the determination is for non-certification.