

<b>Case Number:</b>	CM15-0100773		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	02/15/2002
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 67 year old male sustained an industrial injury to the right knee on 2/15/02. Previous treatment included right knee arthroscopy with debridement and chondroplasty (5/9/11), Supartz injections, physical therapy and medications. Documentation did not disclose recent magnetic resonance imaging results. In a PR-2 dated 3/17/15, patient had complaints of right knee instability and loss of motion. Physical exam was remarkable for a mildly antalgic gait with mild right knee valgus, right knee with trace effusion, decreased range of motion, moderately severe patellofemoral crepitus, tenderness to palpation to the medial and lateral joint lines and intact distal neurovascular exam. The knee was stable to stress examination. Current diagnoses included osteoarthritis of knee, knee pain and current tear of medial and lateral cartilage. The medication list includes Clindamycin, Ibuprofen, and Norco. The patient has had X-ray of the right knee that revealed degenerative changes. The physician noted that the injured worker's pain had been progressively disabling to his activities of daily living and had not responded to appropriate conservative management. The treatment plan included right knee total joint arthroplasty with associated surgical services. Evidence that the patient is certified for right knee total joint arthroplasty was not specified in the records provided. The past medical history includes right knee arthroscopy in 2002. The patient had received right knee injections without benefit

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Shower Chair:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Durable medical equipment (DME).

**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 (updated 05/05/15) Durable medical equipment (DME).

**Decision rationale:** ACOEM/MTUS do not address this request. Therefore ODG used. As per cited guideline, "As per cited guideline "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below". 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, sits 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". The treatment plan included right knee total joint arthroplasty with associated services. Previous treatment included right knee arthroscopy with debridement and chondroplasty (5/9/11), Supartz injections, physical therapy and medications. In a PR-2 dated 3/17/15, patient had complaints of right knee instability and loss of motion. Physical exam was remarkable for a mildly antalgic gait with mild right knee valgus, right knee with trace effusion, decreased range of motion, moderately severe patellofemoral crepitus, tenderness to palpation to the medial and lateral joint lines and intact distal neurovascular exam. Current diagnoses included osteoarthritis of knee, knee pain and current tear of medial and lateral cartilage. The patient has had X-ray of the right knee that revealed degenerative changes. The physician noted that the injured worker's pain had been progressively disabling to his activities of daily living and had not responded to appropriate conservative management. The past medical history includes right knee arthroscopy in 2002. The patient had received right knee injections without benefit Therefore patient has had significant objective findings that will be benefited with a Shower Chair. The shower chair would help to prevent falls when bathing or taking a shower. The request for a Shower Chair is medically necessary and appropriate for this patient.

**1 Walker:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Walking aids.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Knee & Leg (updated 05/05/15) Durable medical equipment (DME).

**Decision rationale:** Walking aids (canes, crutches, braces, orthoses, & walkers) MTUS guideline does not specifically address this issue. Hence ODG used as per cited guideline, "As

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