

Case Number:	CM15-0138206		
Date Assigned:	07/28/2015	Date of Injury:	04/15/1990
Decision Date:	08/31/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/16/2015

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, North Carolina
 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 59 year old female sustained an industrial injury to the knees on 4/15/90. Recent treatment consisted of warm water therapy, H-wave, cane and medications. Documentation did not disclose recent magnetic resonance imaging. In a progress note dated 7/1/15, the injured worker complained of burning, aching and pain in bilateral knees and to the front, lower aspects of her legs and feet associated with numbness. The injured worker rated her pain 10/10 on the visual analog scale without medications and 4-6/10 with medications. The injured worker reported that she was using the H-wave unit with benefit. The injured worker was also participating in warm water therapy 3-5 days a week. The injured worker stated that her pain had been consistent and tolerable with medications and warm water therapy. The injured worker was requesting a new ergonomic cane since hers had worn out as well as a shower chair so she could sit in the shower if needed when her legs were in pain. Physical exam was remarkable for allodynia and hyperesthesia of bilateral knees and distal anterior legs with 5/5 strength to bilateral upper and lower extremities and altered sensation in the tops of her feet. The injured worker had pain with range of motion to bilateral knees. The injured worker walked with a slow, slightly antalgic gait using a cane. Current diagnoses included complex regional pain syndrome, chronic knee pain, myofascial pain, depression, chronic pain syndrome and status post left carpal tunnel release. The physician noted that the injured worker had chronic pain in her knees and lower extremities with spasms. The injured worker had depression as a result of her chronic pain syndrome. The treatment plan included requesting authorization for a new ergonomic cane and a shower chair, refilling medications (Fentanyl patch, Soma, Elavil, Zolofl and Lidoderm patch) and continuing warm water therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 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, 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 & leg (durable medical equipment).

Decision rationale: ODG state that most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. A shower chair is considered a medical necessity if the patient is unable to bathe or shower without being seated. In this case, the patient has chronic pain in the lower extremities, however is able to ambulate with a cane. The documentation submitted does not indicate significant physical limitations that would support the medical necessity of a shower chair.