

Case Number:	CM15-0160214		
Date Assigned:	08/26/2015	Date of Injury:	05/07/2009
Decision Date:	10/19/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/17/2015

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: Arizona, 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:

The injured worker was a 58-year-old female, who sustained an industrial injury, on May 7, 2009, the injury was sustained when the injured worker was kicked and struck several times around the right leg and hip. According to progress note of July 29, 2015, the injured worker's chief complaint was right hip pain after a total hip replacement. The injured worker was undergoing treatment for moderate degenerative osteophyte complex at L4-L5 and L5-S1 level bilateral neuroforaminal narrowing and thecal sac effacement, right sided L4-L5, L5-S1 lumbar radiculopathy, right sided right hip arthroscopic surgery, and chronic myofascial pain syndrome. The injured worker previously received the following treatments home physical therapy, home occupational therapy, Duragesic patches, Naproxen, Neurontin, Prilosec, Colace, home exercise program, EMG and NCS (electro diagnostic studies and nerve conduction studies) of the bilateral lower extremities, on July 29, 2015 the injured worker underwent a total right hip replacement. The RFA (request for authorization) dated the following treatments were requested a raised toilet seat for postoperative care from right hip replacement, however, a three in one commode was approved according to the UR. The UR (utilization review board) denied certification on August 14, 2015: denied by the physician adviser.

IMR ISSUES, DECISIONS AND RATIONALES

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

Raised toilet seat: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee chapter and pg 21.

Decision rationale: In this case, the claimant had a hip replacement. The raised toilet seat would allow for easier bowel movements with the limited range of motion. The claimant also has knee pain with squatting. The seat would not customarily be used in the absence of injury and is appropriate for in home use. The request for the raised toilet seat is medically necessary and appropriate.