

<b>Case Number:</b>	CM15-0188557		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	01/25/2010
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for knee, leg, and ankle pain reportedly associated with an industrial injury of January 20, 2012. In a Utilization Review report dated December 24, 2015, the claims administrator failed to approve a request for a shower chair. The claims administrator referenced an August 19, 2015 office visit in its determination. The claims administrator suggested that the request represented a postoperative request for a shower chair, suggesting that the applicant was pending ankle surgery. The applicant's attorney subsequently appealed. On August 19, 2015, the applicant reported ongoing complaints of ankle, leg, and foot pain, collectively rated at 9/10, exacerbated by standing, walking, pulling, and climbing stairs. The applicant was asked to pursue a tibiototalcalcaneal fusion procedure with bone graft and Achilles tendon lengthening. Norco and Baclofen were endorsed. The applicant was described as having a variety of foot and ankle pain complaints, seemingly associated with complex regional pain syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME; purchase of shower chair:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Complex Regional Pain Syndrome (CRPS). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Durable medical equipment (DME).

**Decision rationale:** Yes, the request for a shower chair was medically necessary, medically appropriate, and indicated here. As noted on page 40 of the MTUS Chronic Pain Medical Treatment Guidelines, some of the final steps as part and parcel of treatment for complex regional pain syndrome (CRPS) include normalization of use to include modifications at home and work. Here, the treating provider contended that the applicant had specific gait-related deficits associated with chronic foot, ankle, and leg pain attributed to complex regional pain syndrome on or around the date of the request, August 19, 2015. The attending provider suggested that the applicant was pending a major foot and ankle surgery. Provision of the shower chair in question was, thus, indicated to facilitate normalization of use postoperatively. ODG's Knee and Leg Chapter Durable Medical Equipment topic also notes that DME toilet items such as a shower chair are medically necessary in applicants who are bed or room confined as part of the medical treatment plan for injury, infection, or other condition which would result in physical limitations. Here, again, the applicant was described as already having significant limitations and deficits associated with complex regional pain syndrome prior to the planned foot and ankle surgery. Provision of a shower chair was, thus, indicated to ameliorate the same and was in-line with both page 40 of the MTUS Chronic Pain Medical Treatment Guidelines and with ODG's Knee Chapter Durable Medical Equipment topic. Therefore, the request was medically necessary.