

Case Number:	CM15-0219631		
Date Assigned:	11/12/2015	Date of Injury:	02/04/2009
Decision Date:	12/31/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	11/09/2015

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: Physical Medicine & Rehabilitation

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 54 year old male who sustained an industrial injury on 2-4-09. A review of the medical records indicates he is undergoing treatment for lumbar myoligamentous sprain and strain, cervical myoligamentous sprain and strain with radicular symptoms radiating to the shoulder, medial scapular region, and proximal part of the arms, right ankle internal derangement, reactionary depression and anxiety with associated sexual dysfunction and sleep apnea, recent 50 pound weight gain, cervicogenic-migraine headaches, erectile dysfunction - likely neurogenic, right shoulder internal derangement, left shoulder internal derangement, hypertension, diabetes mellitus, ulcerative colitis, right wrist sprain secondary to a fall, and Xerostomia with multiple caries and TMJ syndrome secondary to chronic opiate use. Medical records (10-6-15) indicate complaints of neck pain with associated cervicogenic headaches, as well as pain radiating down to both shoulders and upper back. He reports his pain "can go as high as 6 out of 10". He also reports right shoulder pain and low back pain. He reports that his low back pain is the "most bothersome" and radiates to the right lower extremity in the L5-S1 distribution. He reports activity of daily living limitations as difficulty with brushing his hair, donning clothing, taking a shower, walking, weight bearing, sleeping, and difficulty using the restroom. He reports increased difficulty going from a sitting position to upright after using the restroom and is requesting durable medical equipment to assist him. The physical exam reveals "significant" tenderness to palpation in the bilateral posterior cervical musculature. Numerous trigger points are palpable and tender through the cervical paraspinal muscles. Decreased range of motion is noted. Motor testing is "5 out of 5" for the upper extremities. Decreased range of

motion is noted of the bilateral shoulders. The lumbar spine is noted to have tenderness to palpation in the posterior lumbar musculature. Numerous trigger points are palpable and tender throughout the lumbar paraspinal muscles. Decreased range of motion with "obvious guarding" is noted. Motor testing reveals "global weakness in the lower extremities". Diagnostic studies have included bilateral shoulder MRIs, an EMG-NCV of bilateral upper and lower extremities, and MRIs of the cervical and lumbar spine. Treatment has included medications, use of a single point cane, and a lumbar epidural steroid injection at L5-S1. The injured worker is not working. The treating provider indicates a request for a raised toilet seat, indicating that the injured worker is having increased difficulty and pain using the restroom for bowel movements. The provider states that the injured worker has "hesitancy" to have a bowel movement, "as he has great amount of pain and difficulty using the restroom". The utilization review (10-20-15) includes a request for authorization of a raised toilet seat. The request was denied.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 Chapter, under Durable medical equipment.

Decision rationale: The patient was injured on 02/04/09 and presents with pain in his neck, right shoulder, lower back, and right wrist. The request is for a raised toilet seat. The utilization review denial rationale is that there is no documentation of signs, symptoms, or diagnoses that would suggest the medical necessity of this device, and no rationale given for same. There is no RFA provided and the patient's current work status is not provided either. ODG guidelines, Knee & Leg Chapter, Durable medical equipment, states, that it is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. Durable medical equipment are devices such as 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. The patient is diagnosed with lumbar myoligamentous sprain and strain, cervical myoligamentous sprain and strain with radicular symptoms radiating to the shoulder, medial scapular region, and proximal part of the arms, right ankle internal derangement, reactionary depression and anxiety with associated sexual dysfunction and sleep apnea, recent 50 pound weight gain, cervicogenic-migraine headaches, erectile dysfunction - likely neurogenic, right shoulder internal derangement, left shoulder internal derangement, hypertension, diabetes mellitus, ulcerative colitis, right wrist sprain secondary to a fall, and Xerostomia with multiple caries and TMJ syndrome secondary to chronic opiate use. The 10/06/15 treatment report states that the reason for the requested raised toilet seat is because the patient has quite large amount of difficulty and pain with using the restroom for bowel movements. He has hesitancy to have a bowel movement as he has great amount of pain and difficulty using the restroom. In this case, the ODG

Guidelines provides some guidance regarding raised toilet seats which states that they may be medically necessary as part of a treatment plan. The request meets DME definitions of: Can withstand repeated use; primarily to serve a medical purpose; is not generally useful in the absence of illness or injury; is appropriate for use in the patient's home. Therefore, the requested raised toilet seat is medically necessary.