

<b>Case Number:</b>	CM15-0047584		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	12/31/2012
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 injured worker is a 51 year old female with an industrial injury dated 12/31/2012. Her diagnosis was lumbar sprain/strain, lumbar paraspinal muscle spasms/disc herniation, lumbar radiculitis/radiculopathy of lower extremities and sacroilitis of right sacroiliac joint. She has been treated with bilateral transforaminal lumbar epidural steroid injection (50%) improvement, acupuncture, medication, therapy and injections for her shoulder. She presents on 01/27/2015 for medical legal evaluation. The physician reports the injured worker has spinal stenosis at lumbar 3-4 and more pronounced at lumbar 4-5 and notes surgical intervention as a treatment. Authorization is requested for lumbar decompression and fusion with associated services including durable medical equipment. The issue for review is 3 in 1 commode shower chair.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME: 3-1 Commode shower chair:** Upheld

**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 section, DME (3 in 1) shower/commode chair.

**Decision rationale:** Pursuant to the Official Disability Guidelines, 3 in 1 commode/shower chair is not medically necessary. Durable medical equipment is recommended generally if there is a medical need and the device or system meets Medicare's definition of durable medical equipment. Most bathroom and toilet supplies do not customarily serving medical purpose and are primarily used for convenience in the home. The term DME is defined as equipment which: can withstand repeated use; is primarily and customarily served medical purpose; generally is not useful to a person in the absence of illness or injury; and is appropriate for use in the patient's home. In this case, the injured worker's working diagnoses are spinal stenosis L4 - L5 multifactorial, left at L3 L4. The treating physician is planning lumbar recompression at L3- L4 and L4 - L5. The progress note dated January 27, 2015 contains a surgical request for aftercare checklist. There are no handwritten entries on the check the boxes for DME (three and one commode/shower chair) format. There is no clinical indication or rationale documented in the medical record for the DME. The guidelines state most bathroom supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. Consequently, absent clinical documentation in the surgical request for aftercare or other documentation in the medical record for DME (three and one commode/shower chair) with a clinical indication or rationale, 3 in 1 commode/shower chair is not medically necessary.