

<b>Case Number:</b>	CM15-0088256		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	11/04/2012
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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: Pennsylvania, Ohio, 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 63-year-old female, who sustained an industrial injury on 11/04/2012. She reported injuries to her right shoulder, right wrist, and right knee after a fall at work. The injured worker is currently diagnosed as having severe osteoarthritis of the right knee. Treatment and diagnostics to date has included right knee x-rays, right shoulder x-rays, and medications. In a progress note dated 04/02/2015, the injured worker presented with complaints of right knee and right shoulder pain. Objective findings include tenderness across the right knee and right shoulder. The treating physician reported requesting authorization for a shower chair and bedside commode for use after right total knee arthroplasty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Purchase of shower chair and bedside commode for use status post right total knee arthroplasty, as an outpatient: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, and 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/DME.

**Decision rationale:** MTUS does not discuss durable medical equipment. ODG recommends durable medical equipment when there is a medical need for the equipment and it is primarily used to serve a medical purpose. In this case, the DME equipment has been requested in advance of a planned total knee arthroplasty. It is not possible to know this particular patient's post-operative equipment needs until after the surgery and initial post-op rehabilitation assessment have occurred. Thus, it is premature to determine whether this equipment is appropriate. At this time, the request is not medically necessary.