

<b>Case Number:</b>	CM14-0159899		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	12/14/2004
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 male patient who sustained an industrial injury on 12/14/2004. A primary treating office visit dated 08/04/2014 reported the patient with subjective complaint of recurrent urinary tract infections, weakness, headaches, and ongoing neurogenic bowel and bladder. The patient has a history of incomplete cervical spinal cord injury with T 7 injury and neurocysticercosis. The assessment noted T7 spinal cord injury, ASIA-B; neurogenic bowel and bladder. The plan of care involved recommending a Hoyer lift, case manager, a gym membership, Vitamin C 500mg twice daily, Colace, 4AP 10mg TID, and continued care giver support 4 hours daily. A follow up visit dated 08/22/2014 reported subjective complaint of experiencing more blur with the left eye vision and must move his eyes toward the left to be able to see. He is also with complaint of headaches, once monthly lasting 24 to 72 hours. The patient is wheelchair bound, and reports occasional use of walker, although, has gained weight making the walker more difficulty to function. The pan of care involved referring for cataract surgeon, re-requesting a gym membership, follow up with primary care, and follow up in 6 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Padded transfer bench purchase, QTY: 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross of California Medical Policy Durable Medical Equipment CG-DME-10.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Section, DME.

**Decision rationale:** Pursuant to the Official Disability Guidelines, padded transfer bench for purchase #1 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 workers working diagnoses are T7 spinal cord injury; neurogenic bowel; and neurogenic bladder. The documentation in the medical record shows the injured worker was already certified for a padded rolling commode shower chair with 5-inch castor wheels and a leg lifter. There is no clinical indication for two shower chairs. Consequently, absent compelling clinical documentation for a second shower chair, padded transfer bench for purchase #1 is not medically necessary.

**Padded commode chair purchase, QTY: 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross of California Medical Policy Durable Medical Equipment CG-DME-10.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Section, DME.

**Decision rationale:** Pursuant to the Official Disability Guidelines, padded commode chair purchase #1 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 workers working diagnoses are T7 spinal cord injury; neurogenic bowel; and neurogenic bladder. The documentation in the medical record shows the injured worker was already certified for a padded rolling commode shower chair with 5-inch castor wheels and a leg lifter. There is no clinical indication for two shower chairs. Constantly, absent compelling clinical documentation for second shower chair, padded commode chair purchase #1 is not medically necessary.

