

Case Number:	CM15-0171323		
Date Assigned:	09/11/2015	Date of Injury:	01/11/2013
Decision Date:	10/09/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	08/31/2015

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: Connecticut, California, Virginia
 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 65 year old male injured worker suffered an industrial injury on 1-11-2013. The diagnoses included painful left total knee arthroplasty. On 6-23-2015, the treating provider reported continued pain around the front of the knees. He can't do stairs. It hurts going up and down the stairs. He can flex only to 85 degrees. He had a lot of pain around the patella with patellar mobility testing and a lot of pain under the facet of the patella. The injured worker is pending total knee revision. The Utilization Review on 8-26-2015 determined non-certification for raised toilet seat.

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 Centers for Medicare and Medicaid Services - Coverage Issues - 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, durable medical equipment.

Decision rationale: The MTUS does not directly discuss durable medical equipment like toilet seats, and therefore the ODG provide the best method for assessing medical necessity in this case. Overall, the ODG recommend durable medical equipment if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME). Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. Certain DME toilet items (commodes, bed pans, etc.) are medically necessary if the patient is bed or room-confined, and 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. With flexion documented in the knee to only 85 degrees, it is the opinion of this reviewer that a raised toilet seat is reasonable as the patient continues with the treatment plan and further operative intervention. Therefore, the request is considered medically appropriate at this time.