

<b>Case Number:</b>	CM15-0065603		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	09/03/2008
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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:

This 42 year old man sustained an industrial injury on 9/3/2008. The mechanism of injury is not detailed. Evaluations include ankle MRI. Diagnoses include discogenic lumbar condition, ankle inflammation, and depression. Treatment has included oral medications, TENS unit, back brace, cold wrap, activity modification, surgical intervention, and use of a cane. Physician notes dated 3/12/2015 show complaints of left foot pain. Recommendations include commode elevator seat, Tramadol ER, Naproxen, Protonix or Aciphex, Lunesta, Wellbutrin XR, Norflex, Topamax, and LidoPro patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Commode Elevated Seat (Not Specified If For Purchase Or Rental): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg chapter - Durable Medical Equipment (DME).

**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.

**Decision rationale:** Durable medical equipment is recommended if there is a medical need and if the device meets Medicare's definition of durable medical equipment. Most bathroom supplies do not serve a medical purpose and are used for convenience. In this case, due to increased chronic difficulty with the lower extremities, the elevated seat may benefit getting up from a seated position. However, this request does not specify if the request is for a purchase or rental. The request for the unspecified method of obtaining an elevated seat is not medically appropriate and necessary.