MAXIMUS Federal Services

Case Number:	CM15-0090143		
Date Assigned:	05/14/2015	Date of Injury:	10/13/2009
Decision Date:	06/16/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/11/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 63-year-old male injured worker suffered an industrial injury on 10/13/2009. The diagnoses included chronic low back and bilateral lower extremity radicular symptoms, depression and insomnia. The treatments included surgery and medications. On 4/20/2015, the treating provider reported lower back pain, which ranges from 6/10 to 9/10 without medications and with medications 4/10. She has difficulty with bending and twisting for hygiene from the use of the toilet. On exam, she moves with a slow, guarded movements and has difficulty arising from a seated position. There was tenderness of the lumbosacral spine, which radiated to the bilateral buttocks and occurred with straight leg raise. The treatment plan included Bidet toilet seat.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bidet toilet seat: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Durable Medical Equipment (DME), Blue Cross of California Medical Policy Durable Medical Equipment, CMS Medicare Benefit Policy Manual, Chapter 15 Section 110.1.

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

Decision rationale: Regarding the request for a Bidet toilet seat, California MTUS does not address the issue. ODG states certain DME toilet items (commodes, bedpans, 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. In the documentation available for review, it is clear the patient has issues with bending and twisting associated with toilet use affecting her hygiene. However, it is unclear why the patient would be unable to use a toilet paper reacher or some other simple modification to address this issue. In the absence of clarity regarding those issues, the currently requested Bidet toilet seat is not medically necessary.