

Case Number:	CM13-0015083		
Date Assigned:	12/11/2013	Date of Injury:	09/11/2009
Decision Date:	02/18/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 54-year-old female who reportedly had a surgical procedure performed in 08/2013. However, there are no clinical documentations providing a thorough overview of the procedure that was performed, nor are there any clinical documentations with subjective and objective information pertaining to this patient's medical history. The only documentation provided is a medication list and vaccination date from 2011 and 2013, and 4 Work Status Reports from 08/23/2013 through 10/15/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 in1 commode: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Chapter, Durable medical equipment (DME)

Decision rationale: Regarding the first request for a 3IN1 COMMmode, under the Official Disability Guidelines, it states that durable medical equipment is recommended generally if there is a medical need or if the device or system meets Medicare's definition of durable medical

equipment as below. The term DME is defined as equipment that can withstand repeated use, for example, can normally be rented, and used by successive patients; is primarily and customarily used to serve a medical purpose; generally is not useful to a person in the absence of illness or injury; and is appropriate for use in a patient's home. In the case of this patient, with the lack of sufficient clinical documentation indicating the medical necessity for a 3IN1 COMMODE, the requested service cannot be warranted at this time. As such, the requested 3IN1 COMMODE is non-certified.

Front wheel walker: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Chapter, Durable medical equipment (DME).

Decision rationale: Regarding the first request for a FRONT WHEEL WALKER, under the Official Disability Guidelines, it states that durable medical equipment is recommended generally if there is a medical need or if the device or system meets Medicare's definition of durable medical equipment as below. The term DME is defined as equipment that can withstand repeated use, for example, can normally be rented, and used by successive patients; is primarily and customarily used to serve a medical purpose; generally is not useful to a person in the absence of illness or injury; and is appropriate for use in a patient's home. In the case of this patient, with the lack of sufficient clinical documentation indicating the medical necessity for a FRONT WHEEL WALKER, the requested service cannot be warranted at this time. As such, the requested FRONT WHEEL WALKER is non-certified

Shower chair: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Chapter, Durable medical equipment (DME).

Decision rationale: Regarding the first request for a SHOWER CHAIR, under the Official Disability Guidelines, it states that durable medical equipment is recommended generally if there is a medical need or if the device or system meets Medicare's definition of durable medical equipment as below. The term DME is defined as equipment that can withstand repeated use, for example, can normally be rented, and used by successive patients; is primarily and customarily used to serve a medical purpose; generally is not useful to a person in the absence of illness or injury; and is appropriate for use in a patient's home. In the case of this patient, with the lack of sufficient clinical documentation indicating the medical necessity for a SHOWER CHAIR, the

requested service cannot be warranted at this time. As such, the requested SHOWER CHAIR is non-certified.