

Case Number:	CM13-0018017		
Date Assigned:	10/11/2013	Date of Injury:	07/05/2011
Decision Date:	02/18/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/29/2013

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 California. 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

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 male who reported an injury on 07/05/2011. The most recent clinical note received in the medical record is for 12/20/2012. The requested service is for 08/02/2013. There is no clinical documentation provided in the medical record for the entire year of 2013 that would be suggestive that the patient has a medical condition that makes the use of a bedside commode medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bedside commode #1 with DOS: 08/02/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC

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 (DME).

Decision rationale: California MTUS/ACOEM does not address DME or bedside commodes. Per the Official Disability Guidelines, most bathroom and toilet supplies do not customarily serve as a medical purpose and are primarily used for convenience in the home. In some cases, certain DME toilet items are medically necessary if the patient is bed or room confined. There is no clinical information provided in the medical record suggestive that the patient is confined to a bed or room. Therefore, there is no medical necessity for the use of bedside commode for the

service date of 08/02/2013. Therefore, the request for bedside commode #1 with DOS: 08/02/13 is non-certified.