MAXIMUS Federal Services

Case Number:	CM13-0029624		
Date Assigned:	12/11/2013	Date of Injury:	05/05/2011
Decision Date:	04/18/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/27/2013

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. The expert 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 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/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 46-year-old female who reported an injury on 05/05/2011 due to the repetitive motion of cleaning a chocolate machine. The patient reportedly sustained injury to the left side of her neck and left shoulder and low back. The patient's treatment history has included medications, physical therapy, chiropractic care, traction, a TENS unit, and a home exercise program. The patient's most recent physical examination findings submitted for review documented that the patient had chronic low back pain and carpel tunnel related symptoms. It was noted that the patient had multiple pain complaints. The patient had ambulation and assistance from a borrowed wheeled walker. A request was made for a wheeled walker with a chair and a toilet commode extension as the patient had recently underwent hospitalization for low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOILET/COMMODE EXTENSION: Upheld

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

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: The requested toilet/commode extension is not medically necessary or appropriate. Official Disability Guidelines do not recognize environmental changes as appropriate durable medical equipment. The clinical documentation submitted for review does not provide any evidence that the patient has any difficulty with bathroom self care activities that would require an environmental change. There are no physical findings noted to support deficits that would require the assistance of a toilet/commode extension. As such, the requested toilet/commode extension is not medically necessary or appropriate.

WHEELED WALKER WITH SEAT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) OFFICIAL DISABILITY GUIDELINES, ONLINE VERSION: 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 CHAPTER, WALKING AIDS

Decision rationale: The requested wheeled walker with a seat is not medically necessary or appropriate. Official Disability Guidelines recommend assisted ambulation when the patient's deficits cannot sufficiently be resolved with lower levels of equipment. The clinical documentation submitted for review does indicate that the patient is currently using a borrowed wheeled walker. However, ambulation deficits to include recent falls, significant lower extremity weakness that would benefit from the use of a wheeled walker were not provided for review. Additionally, there is no documentation that the patient's ambulation deficits could not be sufficiently resolved with a cane. As such, the requested wheeled walker with a seat is not medically necessary or appropriate.