

Case Number:	CM13-0071352		
Date Assigned:	01/08/2014	Date of Injury:	04/12/2011
Decision Date:	06/27/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/27/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 56-year-old male who reported an injury on 04/12/2011 after a metal part fell on top of him, causing him to fall to the ground. The injured worker reportedly sustained an injury to his right elbow, right shoulder, upper back, lower back, ribs, and left hip. The injured worker was conservatively treated with medications, physical therapy, and epidural steroid injections. The injured worker ultimately underwent right shoulder arthroscopy and debridement on 12/13/2012 followed by postoperative physical therapy. The injured worker underwent an MRI of the lumbar spine that documented a grade 1 retrolisthesis at the L5-S1, with disc protrusions and neural foraminal stenosis. A treatment recommendation was made for lumbar fusion at the L4-5. The injured worker was evaluated on 10/14/2013. Evaluation of the cervical spine documented limited range of motion secondary to pain with decreased sensation in the C6-7 distribution. Evaluation of the lumbar spine documented decreased sensation in the L5 distribution, pain limited range of motion. The injured worker's diagnoses included cervical strain, cervical disc bulging, lumbar discogenic disease, lumbar annular tear, and grade 1 retrolisthesis. The injured worker's treatment plan included pain management for cervical spine pain and fusion surgery from the L4-S1. The request included a 3 in 1 commode to assist with postsurgical treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 IN 1 COMMUNE: 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, Durable Medical Equipment (DME)

Decision rationale: The requested 3 in 1 commode is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address durable medical equipment. Official Disability Guidelines state that certain toilet durable medical equipment items are appropriate for bed or room confined injured workers. The clinical documentation submitted for review does indicate that the injured worker is a surgical candidate; however, there is no documentation that the injured worker will be bed or room confined post surgically. Therefore, the need for a 3 in 1 commode is not clearly supported. As such, the requested 3 in 1 commode is not medically necessary or appropriate.