

Case Number:	CM14-0018483		
Date Assigned:	04/18/2014	Date of Injury:	04/25/2012
Decision Date:	07/11/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/13/2014

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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 29-year-old female who was injured 04/25/12. Records indicate a low back injury for which this individual had been treated conservatively with failed care. Operative intervention in the form of an L5-S1 and possible L4-L5 instrumented fusion was recommended. A recent clinical assessment of 01/16/14 indicated ongoing back and bilateral leg pain with examination revealing tenderness, restricted range of motion, and diminished sensation at a right L5-S1 dermatomal distribution. There was evidence of positive straight leg raising. There was documentation of failed conservative care at which time the operative procedure was requested. There is current indication that this individual's surgical process has not yet occurred due to lack of authorization. There are postoperative requests at present for an LSO brace, a 3-in-1 commode, and a front wheel walker.

IMR ISSUES, DECISIONS AND RATIONALES

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

CUSTOM MOLDED TLSO BRACE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The California MTUS guidelines would not support a custom key LSO brace. Records in this case do not indicate the need for the two level fusion procedures being requested by treating physician. The use of this brace in the postoperative setting would thus not be supported. Therefore, the request for custom molded TLSO brace is not medically necessary and appropriate.

3:1 COMMODOE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 9, 298, 301.

Decision rationale: The MTUS guidelines are silent. The Official Disability Guidelines would not support a 3-in-1 commode as a need for operative intervention in this individual has not yet been established. Therefore, the request for 3:1 commode is not medically necessary and appropriate.

FRONT-WHEEL WALKER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The MTUS guidelines are silent. The Official Disability Guidelines also would not support a front wheel walker as a need for operative intervention has not been established. Therefore, the request for a front-wheel walker is not medically necessary and appropriate.