

Case Number:	CM14-0118013		
Date Assigned:	08/06/2014	Date of Injury:	01/14/2010
Decision Date:	09/15/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/28/2014

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 Physical Medicine & Rehabilitation 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 injured worker is a 50-year-old male who reported an injury on 01/14/2010. The injury reported was while moving a sofa at work. The diagnoses include lateral listhesis, spinal stenosis, radiculopathy, instability, and sciatica. Previous treatments include a TENS (Transcutaneous Electrical Nerve Stimulation) Unit, medication, physical therapy, EMG/NCV (Electromyography / Nerve Conduction Velocity), and epidural steroid injections. Within the clinical note dated 06/12/2014, it was reported the injured worker complained of pain in the knee. He complained of pain when walking. He rated his pain 5/10 in severity. Upon the physical examination, the provider noted the injured worker was unable to lift or carry work related weights of refrigerator, washer/dryer, and other appliances. The provider indicated the injured worker had an abnormal gait pattern. The injured worker's knee extension on the left was -4/5 and on the right 5/5, flexion +3/5 on the left, and 5/5 on the right. The request submitted is for a 3 in 1 commode, front wheeled walker, and custom molded thoraco-lumbosacral orthotic brace. However, a rationale is not provided for clinical review. The Request for Authorization is not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 IN 1 Commode: 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) Treatment In Worker's Compensation, Online Edition Chapter: Knee & Leg.

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.

Decision rationale: The Official Disability Guidelines note durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. Medical conditions that result in physical limitations for injured workers may require injured worker education and modifications to the home environment for prevention of injury. Criteria for durable medical equipment include can withstand repeated use, could normally be rented and used by successive injured workers, 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 the injured worker's home. There is lack of significant objective findings warranting the medical necessity for the request submitted. The guidelines do not recommend the use of bathroom or toilet supplies as they serve no medical purpose and are primarily used for convenience in the home. The request submitted failed to provide whether the commode is for rental or purchase. Therefore, the request of 3 IN 1 Commode is not medically necessary and appropriate.

Front Wheeled 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) Treatment In Worker's Compensation, Online Edition Chapter: Walking Aids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: The Official Disability Guidelines recommend walking aids; almost half of the injured workers with knee pain possess a walking aid. Disability, pain, and age related impairments seem to determine the need for a walking aid. Nonuse is associated with less need, negative outcome, and negative evaluation of the walking aid. There is lack of significant objective findings warranting the medical necessity for the request submitted. The request submitted did not indicate whether the provider request for the injured worker to rent or purchase the walker. Therefore, the request of Front Wheeled Walker is not medically necessary and appropriate.

Custom Molded Thoracolumbosacral Orthotic 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) Treatment In Worker's Compensation, Online Edition Chapter: Low Back-Lumbar & Thoracic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The California MTUS/ACOEM guidelines do not recommend the use of lumbar supports. The guidelines note lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The clinical documentation submitted indicated the injured worker's injury was in 2010 and the injured worker would not be considered in the acute phase of symptom relief. Therefore, the request for Custom Molded Thoraco-lumbosacral Orthotic Brace is not medically necessary and appropriate.