MAXIMUS Federal Services

Case Number:	CM14-0136921		
Date Assigned:	09/05/2014	Date of Injury:	04/29/2009
Decision Date:	10/02/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/25/2014

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 Family Medicine, 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:

This is a 53-year-old male patient who reported an industrial injury on 4/29/2009, over five (5) years ago, attributed to the performance of his usual and customary job tasks. The patient has been treated for chronic low back pain. The patient is scheduled for surgical intervention to the lumbar spine for a L4-L5 lumbar fusion with the aid of a vascular surgeon. The patient is reported to complain of neck, head, low back, bilateral elbow, and knee pain with secondary complaints of insomnia, anxiety, depression, headaches and dizziness. The MRI of the lumbar spine dated 6/20/2014 demonstrates evidence of a grade 1 anteriorolisthesis of L4 on L5 with disc desiccation, lost disc height at multiple levels with the central disc protrusion of 1 mm and facet arthropathy. The objective findings on examination included tenderness to palpation with restricted range of motion; 4+/5 tibialis anterior and EHL strength. The treatment plan included a lumbar spine fusion L4-L5 with a vascular surgeon; 24 sessions of postop PT; lumbar brace; front wheel Walker; three and one commode; hospital bed rental; home health evaluation; and internal medicine clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Commode: Overturned

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 Workers Comp, 18th Edition, and 2013 Updates: Knee Procedure, Durable Medical Equipment (DME)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: General Disciplinary Guidelines for The Practice of Medicine

Decision rationale: The 3:1 commode for use at the bedside by the patient postoperatively is established as medically necessary for the complex procedure of the anterior posterior fusion of the lumbar spine. The patient will have operative access both anterior posteriorly requiring significant postoperative rehabilitation times. The procedure is generally accepted to require the prescribed DME as stated. The 3:1 commode is routinely ordered for the postoperative care of this particular surgical procedure and is generally accepted by the national medical community. Based on safety concerns and foreseeable postoperative disability of the patient, the 3:1 commode is medically necessary for the safe rehabilitation of this patient postoperatively.