

<b>Case Number:</b>	CM14-0161670		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	03/01/1996
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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, has a subspecialty in Spine Fellowship 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:

According to the records made available for review, this is a 72-year-old male with a 3/1/96 date of injury. At the time (8/19/14) of the request for authorization for walker folding wheeled w/o s and commode chair with fixed arm (3 in 1 commode), there is documentation of subjective (aching pain in his low back and left buttock, also reports some burning sensation in both feet) and objective (tenderness in the paraspinal musculature of the thoracic and lumbar region bilaterally, muscle spasm is noted over the lumbar spine, decreased lumbar spine range of motion, decreased sensation at L5 dermatomes bilaterally) findings, current diagnoses (L2-3 junctional syndrome with persistent left-sided L5-S1 stenosis and possible L3 to S1 pseudoarthrosis, chronic pain syndrome, status post right shoulder replacement x2, and status post bilateral hip replacements), and treatment to date (medication). Medical reports identify an associated request surgery has not been authorized/certified. Regarding walker folding wheeled w/o s, there is no documentation of a personal mobility deficit sufficient to impair their participation in mobility-related activities of daily living (MRADLs) such as toileting, feeding, dressing, grooming, and bathing in customary locations within the home. Regarding commode chair with fixed arm (3 in 1 commode), there is no documentation that the patient is bed- or room-confined and the commode is prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Walker folding wheeled w/o s:** 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 Other Medical Treatment Guideline or Medical Evidence: Medicare National Coverage Determinations Manual

**Decision rationale:** MTUS and ODG do not address the issue. Medical Treatment Guideline identifies documentation of a personal mobility deficit sufficient to impair their participation in mobility-related activities of daily living (MRADLs) such as toileting, feeding, dressing, grooming, and bathing in customary locations within the home, as criteria necessary to support the medical necessity of a front wheeled walker. Within the medical information available for review, there is documentation of diagnoses of L2-3 junctional syndrome with persistent left-sided L5-S1 stenosis and possible L3 to S1 pseudoarthrosis, chronic pain syndrome, status post right shoulder replacement x2, and status post bilateral hip replacements. However, given no documentation of a pending surgery that has been authorized/certified, there is no documentation of a personal mobility deficit sufficient to impair their participation in mobility-related activities of daily living (MRADLs) such as toileting, feeding, dressing, grooming, and bathing in customary locations within the home. Therefore, based on guidelines and a review of the evidence, the request for walker folding wheeled w/o s is not medically necessary.

**Commode chair with fixed arm ( 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)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Durable Medical Equipment (DME).

**Decision rationale:** MTUS does not address the issue. ODG identifies documentation that the patient is bed- or room-confined and the commode is prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations, as criteria necessary to support the medical necessity of a 3-in-1 commode. Within the medical information available for review, there is documentation of diagnoses of L2-3 junctional syndrome with persistent left-sided L5-S1 stenosis and possible L3 to S1 pseudoarthrosis, chronic pain syndrome, status post right shoulder replacement x2, and status post bilateral hip replacements. Given no documentation of a pending surgery that has been authorized/certified, there is no documentation that the patient is bed- or room-confined and the commode is prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. Therefore, based on guidelines and a review of the evidence, the request for commode chair with fixed arm (3 in 1 commode) is not medically necessary.

