

<b>Case Number:</b>	CM14-0036112		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	05/03/2007
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 Texas. 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 reported an injury on 05/03/2007. The mechanism of injury was a slip and fall. The prior treatments included physical therapy. The lone documentation that was submitted for review was the Agreed Medical Examiner report on 04/23/2014. There was no Department of Workers' Compensation (DWC) Form, RFA or Physician Progress Report submitted with the request. The documentation indicated there had been a request for spinal surgery which was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **3:1 Commode purchase: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-  
<https://www.acoempracguides.org/lowback>; table 2, summary of recommendations, Low Back Disorders.

**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 Chapter, DME.

**Decision rationale:** The Official Disability Guidelines indicate that certain DME toilet items, including commodes, are medically necessary if the patient is bed or room confined. The clinical documentation submitted for review failed to indicate the injured worker was bed or room confined. There was no DWC form or RFA submitted with the request. Given the above, the 3 in 1 commode purchase is not medically necessary.

**Front Wheel Walker purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-  
<https://www.acoempracguides.org/lowback>; table 2, summary of recommendations, Low Back Disorders.

**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 Chapter, Walking Aids.

**Decision rationale:** The Official Disability Guidelines indicate that walking aids may be appropriate when there is a documented disability, pain, or age-related impairments. The clinical documentation submitted for review indicated this request was for postoperative use. There was no DWC form or RFA submitted with the request. The front wheel walker purchase is not medically necessary.

**Custom Molder TLSO Brace for symptoms related to Lumbar Injury:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-  
<https://www.acoempracguides.org/lowback>; table 2, summary of recommendations, Low Back Disorders.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Back brace, post operative (fusion).

**Decision rationale:** The Official Disability Guidelines indicate that back braces postoperatively are under study, but given the lack of evidence supporting the use of these devices, a standard brace would be preferred over a custom postoperative brace. The clinical documentation submitted for review indicated the request for the surgical intervention was found to be not medically necessary. Additionally, the specific type of surgery being requested was not provided in the documentation. There was a lack of documentation indicating a necessity for a custom molded brace versus an off the shelf brace. There was no DWC form or RFA submitted with the request. Given the above, the custom molded TLSO Brace for symptoms related to Lumbar injury is not medically necessary.