

<b>Case Number:</b>	CM14-0042711		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	04/21/2010
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2014

### 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 Occupational 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 52-year-old male patient with a date of injury of 4/21/10. The mechanism of injury was a trip and fall. The mechanism of injury was not noted. On 3/7/14, he complained of intermittent neck pain, rated 4/10, with occasional tenderness and radiation to the bilateral upper extremities and moderate tenderness and radiation to the mid back. He also complained of constant sharp low back pain, rated 6/10, with radiation to the bilateral lower extremities. On exam he had restricted range of motion. At this time the patient will undergo L5-S1 decompression and removal of interspinous spacer with exploration of fusion. The diagnostic impression is s/p L5-S1 anterior and posterior fusion, bilateral lower extremity radicular pain. Treatment to date includes: surgery and medication management. A UR decision dated 3/21/14, denied the request for a 3 in 1 commode. The documentation indicates that a 3 in 1 commode and front wheel walker were prescribed to assist in support. However, the documentation does not support the need for both a 3 in 1 commode and a front wheel walker for support. As it is unclear that the patient needs both durable medical equipment (DME) items concurrently, the request was denied.

### 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:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

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

**Decision rationale:** CA MTUS does not address this issue. ODG states that raised toilet seats are indicated as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. 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 limitation for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. Certain DME toilet items (commodes, bed pans, etc.) are medically necessary if the patient is bed or room confined, and devices such as raised toilet seats, commode chairs may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. Although the patient is post-op, there is no indication as to why the patient needs a 3 in 1 commode. There is no clear description of why the patient would need this specific commode. In addition, it is unclear why the patient would need to purchase the commode, as opposed to a rental. Also, it is noted that the patient was also prescribed a walker. There is no discussion provided as to why the patient needs both a walker and a commode. Therefore, the request for a 3 in 1 commode was not medically necessary.