

Case Number:	CM14-0052436		
Date Assigned:	07/07/2014	Date of Injury:	06/06/2006
Decision Date:	08/13/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/18/2014

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 Spine Surgeon 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 is a 65-year-old female who reported an injury on 06/06/2006. The documentation indicated that there was a recommendation for an L4-L5 decompression and discectomy with instrumentation and fusion. However, the documentation indicated the request for surgical intervention was found to be not medically necessary. Prior treatments included medications and lumbar epidural steroid injections. The mechanism of injury was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative commode, QTY: 1: 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), Chapter: Knee and Leg, Durable Medical Equipment (DME).

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 such as commodes are medically necessary if the injured worker is bed or room confined. The clinical documentation submitted for review indicated the injured worker's request for surgical

intervention was found to be not medically necessary. As such, this request would not be supported. The request as submitted failed to indicate whether the request was for rental or purchase. Given the above, the request for postoperative commode is not medically necessary.

Post operative walker, QTY: 1: 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), Chapter: Knee and Leg, Durable Medical Equipment (DME).

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 are recommended when there is documentation of a disability, pain or age related impairments. The clinical documentation submitted for review failed to indicate the injured worker met the criteria for surgical intervention. Additionally, the request as submitted failed to indicate whether the requested item was for purchase or rental. As such, this request would not be supported. Given the above, the request for postoperative walker is not medically necessary.