

Case Number:	CM14-0069567		
Date Assigned:	07/16/2014	Date of Injury:	11/27/2009
Decision Date:	08/14/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/14/2014

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 Orthopaedic Surgery 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 53-year-old female sustained an industrial injury on 11/27/09. Injury occurred when she banged her head on the doorframe while entering her truck. She underwent anterior cervical discectomy and fusion at C5/6 on 6/6/10. The 4/8/14 treating physician progress report cited lower back pain and bilateral lower extremity radiculopathy. The patient had imaging evidence of L4/5 and L5/S1 grade 1 anterolisthesis with degenerative disc disease. Significant progression of instability was reported at L5/S1. Comprehensive conservative treatment had failed. The treating physician recommended L4/5 and L5/S1 laminectomy, posterior fusion with instrumentation, and posterolateral interbody fusion. The patient was noted to be a current smoker with no evidence of cessation per guideline recommendations. Additionally, there was no evidence of a psychosocial screen. The 4/25/14 utilization review denied the request for post-operative 3:1 commode as the medically necessary of the lumbar surgery had not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative 3:1 Commode: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

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, Bathtub seats.

Decision rationale: The California MTUS is silent regarding this durable medical equipment. The Official Disability Guidelines state that certain DME toilet items (commodes) are medically necessary if the patient is room-confined or when prescribed as part of a medical treatment plan for injury or conditions that result in physical limitations. The use of this durable medical equipment would be reasonable following the proposed lumbar laminectomy and fusion. Therefore, this request for a post-operative 3:1 commode is medically necessary.