

Case Number:	CM14-0086307		
Date Assigned:	07/23/2014	Date of Injury:	03/08/2012
Decision Date:	09/17/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/09/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 39-year-old male with a 3/8/12 date of injury. A request was made on 4/7/14; for 3 in 1 commode purchase, 1 front wheeled walker purchase, 1 off the shelf lumbar brace, and 30 day rental of hospital bed. There was documentation of subjective constant low back pain, with radiation to the bilateral lower extremities and into the groin area, right worse than left. In addition there was objective findings, which included; diffuse tenderness throughout L3 to the sacrum, sciatic notch tenderness bilaterally, and weakness of the bilateral extensor hallucis longus muscles. Current diagnoses include; lumbar spine herniated nucleus pulposus L2-S1, status post posterior lumbar interlaminar laminotomy at the left L3 through S1 on 1/2/13 with residuals, cervical spine sprain/strain, rule out herniated nucleus pulposus, bilateral knee sprain/strain, rule out internal derangement, bilateral wrist sprain/strain, rule out carpal tunnel syndrome, bilateral hip sprain/strain, and bilateral ankle sprain/strain. Treatment to date includes various medications. Regarding 3 in 1 commode purchase, 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. Regarding 1 front wheeled walker purchase, 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 1 off the shelf lumbar brace, there is no documentation of compression fractures, spondylolisthesis, documented instability, or postoperative treatment. Regarding 30 day rental of hospital bed, there is no documentation of a physician's prescription and one of the following reasons: The patient's condition requires positioning of the body to alleviate pain, promote good body alignment,

prevent contractures, avoid respiratory infections, in ways not feasible in an ordinary bed; or the patient's condition requires special attachments that cannot be fixed and used on an ordinary bed.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 in 1 Commode purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-Knee Chapter.

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 lumbar spine herniated nucleus pulposus L2-S1, status post posterior lumbar interlaminar laminotomy at the left L3 through S1 on 1/2/13 with residuals, cervical spine sprain/strain, rule out herniated nucleus pulposus, bilateral knee sprain/strain, rule out internal derangement, bilateral wrist sprain/strain, rule out carpal tunnel syndrome, bilateral hip sprain/strain, and bilateral ankle sprain/strain. However, 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 3 in 1 commode purchase is not medically necessary.

1 Front Wheeled Walker purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: 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 lumbar spine herniated nucleus pulposus L2-S1, status post posterior lumbar interlaminar laminotomy at the left L3 through S1 on 1/2/13 with residuals, cervical spine sprain/strain, rule out herniated nucleus pulposus, bilateral knee sprain/strain, rule out internal derangement, bilateral wrist sprain/strain, rule out carpal tunnel syndrome, bilateral hip sprain/strain, and bilateral ankle sprain/strain. However, 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 1 front wheeled walker purchase is not medically necessary.

1 off the shelf Lumbar Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar Support; and Back Brace, post operative (fusion).

Decision rationale: MTUS reference to ACOEM identifies that "lumbar supports have not been shown to have any lasting benefit beyond acute phase of symptom relief." Official Disability Guidelines (ODG) identifies, "documentation of compression fractures, spondylolisthesis, or documented instability, as criteria necessary to support the medical necessity of lumbar support." (ODG) also notes that a post-operative back brace is under study, but given the lack of evidence supporting the use of these devices, a standard brace would be preferred over a custom post-op brace, if any, depending on the experience and expertise of the treating physician. Within the medical information available for review, there is documentation of diagnoses of lumbar spine herniated nucleus pulposus L2-S1, status post posterior lumbar interlaminar laminotomy at the left L3 through S1 on 1/2/13 with residuals, cervical spine sprain/strain, rule out herniated nucleus pulposus, bilateral knee sprain/strain, rule out internal derangement, bilateral wrist sprain/strain, rule out carpal tunnel syndrome, bilateral hip sprain/strain, and bilateral ankle sprain/strain. However, there is no documentation of compression fractures, spondylolisthesis, documented instability, or postoperative treatment. Therefore, based on guidelines and a review of the evidence, the request for 1 off the shelf lumbar brace is not medically necessary.

30 day rental of Hospital Bed: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-Durable Medical Equipment.

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 Chapter 1, Part 4 (Section 280.7).

Decision rationale: Medical Treatment Guideline identifies "documentation of a physician's prescription and one of the following reasons: The patient's condition requires positioning of the body; e.g., to alleviate pain, promote good body alignment, prevent contractures, avoid respiratory infections, in ways not feasible in an ordinary bed; or the patient's condition requires special attachments that cannot be fixed and used on an ordinary bed, as criteria necessary to support the medical necessity of a hospital bed." Within the medical information available for review, there is documentation of diagnoses of lumbar spine herniated nucleus pulposus L2-S1, status post posterior lumbar interlaminar laminotomy at the left L3 through S1 on 1/2/13 with residuals, cervical spine sprain/strain, rule out herniated nucleus pulposus, bilateral knee sprain/strain, rule out internal derangement, bilateral wrist sprain/strain, rule out carpal tunnel syndrome, bilateral hip sprain/strain, and bilateral ankle sprain/strain. However, there is no documentation of a physician's prescription and one of the following reasons: The patient's condition requires positioning of the body to alleviate pain, promote good body alignment, prevent contractures, avoid respiratory infections, in ways not feasible in an ordinary bed; or the patient's condition requires special attachments that cannot be fixed and used on an ordinary bed. Therefore, based on guidelines and a review of the evidence, the request for 30 day rental of hospital bed is not medically necessary.