

Case Number:	CM14-0121662		
Date Assigned:	08/06/2014	Date of Injury:	12/27/2005
Decision Date:	05/04/2015	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/01/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Orthopedic Surgery

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 64-year-old male, with a reported date of injury of 12/27/2005. The diagnoses include right knee pain. Treatments to date have included oral medications, hardware removal from the right knee, an x-ray of the right knee, and right knee surgery. The medical report dated 01/07/2014 indicates that the injured worker complained of right knee pain. It was noted that he had increased pain around the right knee. The physical examination showed a slight limp, full extension of the right knee, and intact neurovascular function. The medical report from which the request originates was not included in the medical records provided for review. The treating physician requested the purchase of a front wheel walker and a bedside commode.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Post Operative Front Wheel Walker for the Right Knee: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Durable medical equipment.

Decision rationale: CA MTUS/ACOEM guidelines are silent on the issue of DME. Per the ODG Knee and Leg section, Durable medical equipment is generally defined as a device that meets Medicare definition. The term DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. CA MTUS/ACOEM guidelines are silent on the issue of DME. Per the ODG Knee and Leg section, Durable medical equipment, is generally defined as a device that meets Medicare definition. The term DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. In this case there is lack of medical necessity for the use of the requested postoperative front wheel walker for the right knee. There is no evidence from the exam note of 1/7/14 that would meet medical necessity for the requested item. Therefore, this treatment is not medically necessary.

Purchase of Post Operative Bedside Commode for the Right Knee: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Toilet items.

Decision rationale: CA MTUS/ACOEM is silent on the issue of commode. Per the ODG Knee and Leg, DME toilet items (commodes, bed pans, etc.) are medically necessary if the patient is bed- or room-confined, and devices such as a raised toilet seats, commode chairs, sitz baths and portable whirlpools may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. In this case, the exam note from 1/7/14 does not demonstrate any functional limitations to warrant a commode postoperatively. Therefore, the determination is that this treatment is not medically necessary.