

Case Number:	CM14-0135721		
Date Assigned:	08/29/2014	Date of Injury:	12/22/2002
Decision Date:	04/10/2015	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/21/2014

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: Minnesota, Florida
 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 58 year old female, who sustained an industrial injury on 12/22/2002. She has reported subsequent back and lower extremity pain and was diagnosed with disc herniation, progressive disc disease, lumbar radiculopathy and severe spinal stenosis. Treatment to date has included oral and injectable pain medication and trigger point injections. In a progress note dated 07/10/2014, the injured worker reported an improvement in low back pain but that she was having difficulty coming down the stairs as well as performing activities of daily living. The injured worker was receiving home health services. A physical therapy aide note showed that the injured worker was very shaky and was extremely unsafe with ambulation. A request for authorization of a commode with wheels was made. On 08/01/2014, Utilization Review non-certified a request for a commode with wheels, noting that the medical records did not indicate a diagnosis or condition that indicates that need for the durable medical equipment. ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Commode with wheels: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: Durable Medical Equipment.

Decision rationale: ODG guidelines indicate durable medical equipment is recommended generally if there is a medical need. Although most bathroom and toilet supplies do not customarily serve a medical purpose, certain durable medical equipment toilet items such as commodes are medically necessary when prescribed as part of medical treatment plan for conditions that result in physical limitations. The injured worker clearly has physical limitations, a history of frequent falls, and unstable gait due to severe spinal stenosis. As such, a commode with wheels is appropriate and medically necessary and supported by guidelines.