MAXIMUS Federal Services

Case Number:	CM14-0084505		
Date Assigned:	07/25/2014	Date of Injury:	05/04/2010
Decision Date:	01/30/2015	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/06/2014

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 Physical Medicine Rehab, has a subspecialty in Pain Medicine 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 47 year old female was injured on 5/4/10. She sustained injury to her low back. The mechanism if injury was not identified in the submitted documentation. As of 1/13/14 she completed a functional restoration program which did help her and she had diminished pain. On physical exam there was tenderness over paraspinous musculature of the lumbar region bilaterally with muscle spasm. Lumbar range of motion was decreased. The remaining exam was unremarkable. Her gait was antalgic. Her diagnoses include L4-5 and L5-S1 discogenic pain causing lild scoliosis, status post right shoulder arthroscopic subacromial decompression with Mumford procedure, left shoulder impingement syndrome with acromioclavicular joint pain, right greater than left knee strain, right elbow strain and chronic pain syndrome. On 2/7/14 her low back pain was described as severe, burning with radiation at times to her lower extremities. She had aching, burning pain and her pain intensity is rated 10/10. The pain was intensified with prolonged standing and walking. In addition she had right shoulder pain 6/10. MRI (4/15/14) demonstrates L5-S1 right lateral disc protrusion, L4-5 minimal right annulus fissure and L3-4 small right foraminal disc protrusion. A request (4/18/14) for anterior lumbar interbody fusion and posterolateral fusion with screws was submitted. Her symptoms were unchanged as of 6/13/14. The requested surgery was non-certified. She is not attending physical therapy, she is not working and she is temporarily totally disabled. There is incomplete description of functional capacity. On 5/27/14 Utilization Review non-certified the request for 3 in 1 Commode based on the non-certification of the requested surgery (4/18/14) resulting in non-certification of the requested 3 in 1 commode. The Braddom Physical Medicine and Rehabilitation, Chapter 1 was referenced.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 in 1 Commode: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Braddom Physical Therapy Medicine and Rehabilitation, Chapter 1, page 7

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: Regarding the request for a 3-in-1 commode, California MTUS does not address the issue. ODG states certain DME toilet items (commodes, bed pans, etc.) are medically necessary if the patient is bed- or room-confined, and devices such as raised toilet seats, commode chairs, sits 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. Within the documentation available for review, there is a proposed surgery involving fusion at more than one level. However, there is no indication that surgery has been authorized. In addition, there is no documentation that the patient is bed or room-confined. Additionally, the current request does not include duration of use. It would not be anticipated that the patient would require this DME indefinitely following surgery. In the absence of clarity regarding the above issues, the currently requested 3-in-1 commode is not medically necessary.