

Case Number:	CM15-0005183		
Date Assigned:	01/16/2015	Date of Injury:	11/27/1996
Decision Date:	03/23/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/09/2015

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: Illinois, California, Texas
 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 57 year old who sustained an industrial injury on 11/27/1996, relative to a fall. She presented on 12/09/2014 for follow up. Past surgical history was positive for left carpal tunnel release, lumbar laminotomy and foraminotomy at L3/4 and L4/5 on 11/9/09, failed left total knee arthroplasty, spinal cord stimulator placement on 6/4/12, and spinal cord stimulator removal on 6/23/14. The 10/7/14 lumbar spine MRI showed progressive degenerative change at L5/S1 with increasing anterolisthesis with resultant mild right and severe left neuroforaminal narrowing. There was multilevel degenerative disc disease with L3/4 right late disc bulge resulting in mild to moderate right neuroforaminal narrowing. The 12/9/14 treating physician report cited low back and buttocks pain radiating down the left anterior and posterior thigh with numbness through the shin, calf and foot. Pain was 2/10 at rest and increased to 9-10/10 with standing or walking. The patient used a motorized wheelchair. She had severe nerve difficulty walking short distances and must be supported by 1 to 2 people. There was midline lower lumbar spinal tenderness and left sacroiliac joint tenderness. There were paresthesias in the left L4 and L5 dermatomal distribution. There was moderate to marked loss of lumbar range of motion. Left patellar and bilateral Achilles reflexes were absent. There was trace left hip flexion and abduction strength. Straight leg raise was positive on the left. Authorization was requested for left L5/S1 facetectomy and foraminotomy with anterior and posterior interbody spinal fusion at L5/S1. The patient had failed conservative treatment, including an epidural steroid injection one month prior that provided improvement for one day. There was severe left foraminal stenosis at L5/S1 with a grade II spondylolisthesis. On 12/19/2014 the request for a 3 in 1 commode

purchase was non-certified by utilization review as the associated lumbar spine surgery was not found to be medically necessary. ODG was cited. MTUS/ACOEM is silent.

IMR ISSUES, DECISIONS AND RATIONALES

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

3-1 Commode Purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG, web version) Treatment Guidelines are referenced Knee & Leg (updated 10/27/14)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ee 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. Bathtub seats are considered a comfort or convenience item, hygienic equipment, & not primarily medical in nature. There is no indication that the patient will be room confined following hospital discharge from the lumbar fusion to support the medical necessity of a bedside commode. A shower chair is considered a comfort or convenience item. Additionally, there is no evidence in the records that the associated surgical procedure has been deemed approved. Therefore, this request is not medically necessary at this time.