

Case Number:	CM15-0132852		
Date Assigned:	07/21/2015	Date of Injury:	08/08/2000
Decision Date:	08/17/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/09/2015

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: California

Certification(s)/Specialty: Emergency Medicine

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 59 year old female who sustained an industrial injury on August 8, 2000. She has reported pain in the neck, upper back, lower back, right hand and wrist, and left hand and wrist and has been diagnosed with cervical spine strain, thoracic spine strain, lumbar spine disc rupture, right carpal tunnel syndrome and status post left carpal tunnel surgery. Treatment has included surgery and medication. Right lower extremity; mid anterior thigh, mid lateral calf, and lateral ankle were all diminished to light touch sensation. The treatment request included a bedside commode purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bedside 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), Knee & Leg, Durable medical equipment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Number 0429 - Bathroom and Toilet Equipment and Supplies Policy.

Decision rationale: The requested bedside commode purchase is not medically necessary. CA MTUS and ODG are silent. Aetna Clinical Policy Number 0429 Bathroom and Toilet Equipment and Supplies Policy: certain DME toilet items (commodes, bed pans, etc.) are medically necessary if the member is bed- or room-confined. Commodes: considered medically necessary according to selection criteria set forth in section on commodes below. Note: For this policy, the term "room-confined" means that the member's condition is such that leaving the room is medically contraindicated. The accessibility of bathroom facilities generally would not be a factor in this determination. However, confinement of a member to his home in a case where there are no toilet facilities in the home may be equated to room confinement. In addition, a member may be considered "room-confined" if a member's medical condition confines her/him to a floor of their home and there is no bathroom located on that floor. Commodes: Aetna considers commodes medically necessary DME for members who are physically incapable of using regular toilet facilities. This would also occur in the following situations: 1. The member is confined to a single room, or 2. The member is confined to one level of the home environment and there is no toilet on that level, or 3. The member is confined to the home and there are no toilet facilities in the home. The injured worker has pain in the neck, upper back, lower back, right hand and wrist, and left hand and wrist and has been diagnosed with cervical spine strain, thoracic spine strain, lumbar spine disc rupture, right carpal tunnel syndrome and status post left carpal tunnel surgery. Treatment has included surgery and medication. Right lower extremity; mid anterior thigh, mid lateral calf, and lateral ankle were all diminished to light touch sensation. The treating physician has not sufficiently documented the criteria noted above. The criteria noted above not having been met, bedside commode purchase is not medically necessary.