

Case Number:	CM15-0195209		
Date Assigned:	10/08/2015	Date of Injury:	03/01/2009
Decision Date:	11/18/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/05/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 50 year old female injured worker suffered an industrial injury on 3-1-2009. The diagnoses included complex regional pain syndrome of the bilateral upper and lower extremities. On 10-22-2014 the joint panel qualified re-evaluation noted she was able to dress herself with loose clothing but cannot perform buttons or laced. She cannot style her hair or put on makeup. She had significant pain when bathing but was able to perform perineal care after using the bathroom. The aide was there 4 hours per day 4 days a week who helped with showering, putting on lotion, brushing her hair, cooking, feeding, cleaning, laundry and grocery shopping. On 9-14-2015 the treating provider reported the complex regional pain syndrome had spread from the right upper extremity to the right shoulder, neck and left arm and bilateral lower extremities. She was wheelchair bound and was in severe pain. When she was in [REDACTED] she had a 3 in 1 commode. On 8-19-2015 the provider noted her pain had worsened and now she was unable to ambulate. The provider noted she will need home assistance because of her severe level of pain and disabilities and because of the severity of the pain and total disability she should have aide assistance for 4 hours as she cannot feed herself, bath etc. On 6-24-2015 the injured worker stated she was now unable to walk as the pain had worsened. The pain was 10 out of 10 Prior treatments included right stellate ganglion nerve blocks that were not helpful medications, ketamine infusion and spinal cord stimulator and past inpatient rehabilitation when she was in Florida. Request for Authorization date was 9-24-2015. The Utilization Review on 10-1-2015 determined non-certification for 3 in 1 commode for complex regional pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 in 1 commode for complex regional pain syndrome: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee section, under Durable Medical Equipment and Other Medical Treatment Guidelines Labor Code 4600(a).

Decision rationale: This claimant was injured in 2009. There is reported chronic pain syndrome. As of the last note from June, the claimant reports she cannot walk at all. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG notes in the Knee section regarding durable medical equipment: Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below. Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. Also, Labor Code 4600(a) notes that care is medical, surgical, chiropractic, acupuncture, and hospital treatment including nursing, medicines, medical and surgical supplies, crutches and apparatuses, including orthotic and prosthetic devices and services, that is reasonably required to cure or relieve the injured worker from the effects of his or her injury shall be provided by the employer. This item is more a personal convenience item, unless the claimant is bed-confined or room-confined. I did not find clear evidence of this however in the records provided. A 3 in one commode is a convenience, but not a necessity. Also, with the inability to walk, there seems to be broader care issues that might not be able to be handled with home equipment. The request was appropriately not medically necessary.