

Case Number:	CM15-0204982		
Date Assigned:	10/21/2015	Date of Injury:	05/03/2000
Decision Date:	12/09/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/19/2015

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: 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 53 year old male, who sustained an industrial injury on 5-3-2000. The injured worker was being treated for L4-S1 (lumbar 4-sacral 1) lumbar spine stenosis. The medical records (9-25-2015) show the injured worker underwent a L4-S1 (lumbar 4-sacral 1) laminectomy and discectomy. Per the treating physician (9-26-2015 report), the injured worker was "moving in and out of the bed to the bedside commode without difficulty". The treating physician noted that the physical therapist began walking the injured worker this morning and cleared the injured worker to return home with his wife. The physical exam (9-26-2015) reveals a clean and dry incision line with DuraBond sealant. The treating physician noted that the indwelling lumbar spine catheter was removed by the treating physician, wound care was performed and steri-strips and dressings were applied to the drain hole site and incision. Per the treating physician (9-25-2015 report) an MRI stated there was severe lumbar spinal stenosis at L4-S1. Surgery to date have included an intradiscal electrothermal annuloplasty (IDET) procedure at L5-S1. Treatment has included physical therapy, radiofrequency, and medications including oral pain, topical pain, proton pump inhibitor, and non-steroidal anti-inflammatory. Per the treating physician (9-9-2015 report), the employee has not returned to work. Per the treating physician (9-23-2015 report) a 3 in 1 commode to be used for a few weeks until the surgical repair strengthens. On 9-23-2015, the requested treatments included a 3 in 1 commode. On 10-14-2015, the original utilization review non-certified a request for a 3 in 1 commode.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 in 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), Knee and 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: According to ODG guidelines most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury but the modifications are considered not primarily medical in nature. Certain toilet items such as commodes are medically necessary if the patient is bed or room confined. In this case, the documentation does not indicate that the injured worker is room confined. As such, the 3 in 1 commode is not supported by evidence-based guidelines and the medical necessity of the request has not been substantiated.