

Case Number:	CM15-0214252		
Date Assigned:	11/04/2015	Date of Injury:	03/22/2010
Decision Date:	12/21/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/30/2015

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: Physical Medicine & Rehabilitation

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 injured worker is a 37 year old male, who sustained an industrial injury 03-22-2010. The injured worker was diagnosed as having status post anterior posterior lumbar spinal fusion 08-2015, facet arthrosis, collapse and hypermobility at L3-L4 and L4-L5 with residual stenosis's and new found facet cyst. Status post interlaminar laminotomy and microdiscectomy at right L4-L5 01-2015 (stable but with residuals), loss of disc height at L4-L5 and L5-S1. On medical records dated 09-11-2015 and 09-25-2015 the subjective complaints were noted as low back pain and pain at surgical site. Objective findings were noted as motor exam strength was 5 out of 5, wounds were examined and clear, dry and intact. Both anterior and posterior wounds are completely clean. Pain was rated 7 out of 10. No mention of gait disturbance was mentioned was noted on 09-11-2015 or 09-25-2015. Treatment to date included medication. Current medications were listed as Norco, Xanax and Prozac. The Utilization Review (UR) was dated 10-02-2015. A Request for Authorization was submitted. The UR submitted for this medical review indicated that the request for Commode (3 in 1) and front wheeled walker was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Front wheeled walker: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment for Workers' Compensation, Online Edition, 2015 Knee and Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic) Chapter, under Walking aids & Leg (Acute & Chronic) (Acute & Chronic) Chapter, under Walking aids.

Decision rationale: The 37 year old patient is status post anterior and posterior spinal fusion on 07/30/15 and 08/03/15, as per progress report dated 10/01/15. The request is for FRONT WHEELED WALKER. There is no RFA for this case, and the patient's date of injury is 03/22/10. Diagnoses, as per progress report dated 10/01/15, also included lumbar degenerative disc disease and posterior disc herniation at L4-5, status post presumed microdiscectomy on 01/29/15. The patient is on Norco for pain relief. As per progress report dated 09/25/15, the patient's low back pain is rated at 7/10. The patient is off work, as per progress report dated 10/01/15. ODG Guidelines, Ankle & Foot (Acute & Chronic) Chapter, under Walking aids (canes, crutches, braces, orthoses, & walkers) states: "Recommended for patients with conditions causing impaired ambulation, when there is a potential for ambulation with these devices. See the Knee Chapter." ODG Guidelines, Knee & Leg (Acute & Chronic) (Acute & Chronic) Chapter, under Walking aids (canes, crutches, braces, orthoses, & walkers) states: "Recommended, as indicated below. Almost half of patients with knee pain possess a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid. Nonuse is associated with less need, negative outcome, and negative evaluation of the walking aid. (Van der Esch, 2003)" In this case, none of the reports discuss the request. In progress report dated 08/27/15, the treater indicates that the patient's leg pain has improved after the surgery and he is walking unassisted. In progress report dated 09/11/15, the treater states that the patient walks independently without any assistance. In a subsequent report dated 10/01/15, the treater states the patient has a mild limp but does not use brace or any assistive device. Nonetheless, given the recent surgery, the patient may benefit from the support offered by a front wheeled walker. Hence, the request appears reasonable and IS medically necessary.

Commode (3 in 1): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers' Compensation, Online Edition, 2015, Knee and Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter under Durable Medical Equipment.

Decision rationale: The 37 year old patient is status post anterior and posterior spinal fusion on 07/30/15 and 08/03/15, as per progress report dated 10/01/15. The request is for COMMODOE (3 IN 1). There is no RFA for this case, and the patient's date of injury is 03/22/10. Diagnoses, as per progress report dated 10/01/15, also included lumbar degenerative disc disease and

posterior disc herniation at L4-5, status post presumed microdiscectomy on 01/29/15. The patient is on Norco for pain relief. As per progress report dated 09/25/15, the patient's low back pain is rated at 7/10. The patient is off work, as per progress report dated 10/01/15. The MTUS guidelines do not address durable medical equipment (DME). ODG Guidelines Knee and Leg Chapter under Durable Medical Equipment (DME) section states: "durable medical equipment is defined as an equipment that is primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness or injury. 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 environmental modifications are considered not primarily medical in nature. 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, sitz 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. In this case, none of the reports discuss the request. As per progress report dated 09/25/15, the patient is status post recent lumbar surgery, and is suffering from diarrhea since the surgery. While the treater does not document specific physical limitations of the patient at this time, the use of a commode for post-operative use appears reasonable. Hence, the request IS medically necessary.