

Case Number:	CM15-0043183		
Date Assigned:	03/13/2015	Date of Injury:	10/20/2011
Decision Date:	04/16/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/08/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 44-year-old male, with a reported date of injury of 10/20/2011. The diagnoses include L5-S1 interspace discogenic disease, lumbar radiculopathy, degenerative disc disease, and retrolisthesis of L5. Treatments to date have included oral medications and a spinal fusion at L5-S1 on 12/15/2014. The medical report from which the request originates was not included in the medical records provided for review. The medical report dated 10/30/2014 indicates that there was some concern about the L4-L5 disc. The injured worker had a little bulge there, but the treating physician did not feel that decompression was necessary. The objective findings were not documented in the medical report. It was noted that the plan was to proceed with an anterior spinal fusion and plating. The treating physician requested the purchase of a 3-in-1 commode and purchase of a walker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Coverage Determination (NCD) for Durable Medical Equipment.

Decision rationale: The claimant is more than 3 years status post work-related injury and underwent a lumbar spine fusion in December 2014 without apparent complication. In terms of DME following surgery, in this case, there is no described deficit in essential activities of daily living and the claimant is not at restricted weight bearing. The medical necessity of a commode purchase is not established and therefore not medically necessary.

Retrospective walker 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Coverage Determination (NCD) for Durable Medical Equipment.

Decision rationale: The claimant is more than 3 years status post work-related injury and underwent a lumbar spine fusion in December 2014 without apparent complication. In terms of DME following surgery, in this case, there is no described deficit in essential activities of daily living and the claimant is not at restricted weight bearing. The medical necessity of a walker purchase is not established and therefore not medically necessary.