

<b>Case Number:</b>	CM13-0036483		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	10/10/2009
<b>Decision Date:</b>	02/12/2014	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 is a 57-year-old gentleman injured in a work related accident on October 10, 2009. The last clinical assessment was dated November 14, 2013 by [REDACTED] indicating ongoing subjective complaints of left knee pain and low back pain. Objectively there was a positive grind maneuver, tenderness medially and 100 degrees of flexion. The lumbar spine had paraspinous muscle tenderness, spasm and guarding. The clinical assessment documented that the claimant's left knee continued to be symptomatic and that total joint arthroplasty was recommended for further definitive care. It stated that a previous request for an L4-5 and L5-S1 anterior lumbar interbody fusion with grafting had been denied by the carrier. The specific postoperative requests in this case are for postoperative use of home health, a three-in-one commode, a front wheeled walker, a registered nurse assessment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**prospective request for Home Help, between October 9, 2013 and November 23, 2013:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Section Page(s): 51.

**Decision rationale:** Based on the Chronic Pain Medical Treatment Guidelines, home health services would not be indicated from the dates in question as the medical necessity of the surgical intervention to the claimant's lumbar spine has not been established.

**prospective request for one (1) 3-in-1 Commode, between October 9, 2013 and November 23, 2013:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Online Edition, Chapter: Knee & Leg, Durable medical equipment (DME).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Durable medical equipment (DME).

**Decision rationale:** The California MTUS Guidelines are silent in this respect. When looking at the Official Disability Guidelines criteria, a three-in-one commode also would not be indicated as the need for operative intervention to the claimant's lumbar spine has not been established.

**prospective request for one (1) Front-Wheeled Walker, between October 9, 2013 and November 23, 2013:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Online Edition, Chapter: Knee & Leg, Walking aids (canes, crutches, braces, orthoses, & walkers).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Walking aids (canes, crutches, braces, orthoses, & walkers).

**Decision rationale:** The California MTUS Guidelines are silent for this request. When looking at the Official Disability Guidelines criteria, a front wheeled walker would not be indicated as the need for claimant's surgical process to the lumbar spine had not been established.

**prospective request for one (1) Post-Operative Evaluation by a Registered Nurse, between October 9, 2013 and November 23, 2013:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd Edition, Chapter 7 - Independent Medical Examinations and Consultations.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** Based on California ACOEM Guidelines, a registered nurse consultation between the dates in question would not be indicated as the need for operative intervention to the claimant's lumbar spine had not been established.