

Case Number:	CM14-0149974		
Date Assigned:	09/18/2014	Date of Injury:	05/12/2011
Decision Date:	11/24/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/15/2014

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. The expert 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 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/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:

The claimant is a 49 year old female with documented date of injury 5/12/11 injuring her low back. Clinical records available for review fail to indicate a mechanism of injury. There is a current working diagnosis of lumbar strain and lumbar discopathy. Clinical records available for review indicate a course of conservative care. The claimant was scheduled for an L4-S1 lumbar decompression and fusion procedure to be performed on 8/2/14. In direct relationship to the claimant's operative procedure, there is a request for purchase of a three-in-one commode, an LSO brace and a front wheeled walker in relationship to the surgical process in question.

IMR ISSUES, DECISIONS AND RATIONALES

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

Apollo LSO 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) Treatment Index, Knee & Leg, Durable Medical Equipment, Low Back, Back Brace, Post-operative (Fusion)

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 9, 298, 301.

Decision rationale: Based on California MTUS Guidelines, the post-operative uses of lumbar supports are not indicated. Lumbar supports have been shown to show no lasting benefit other

than the acute phase of symptomatic relief. In this specific setting of fusion, there is no documented literature that would indicate it's need, based on the surgical process alone. While the use of a brace may provide stability, the surgical process and hardware is more than adequate in terms of providing stability, based on claimant's postoperative care that would include mobilization and therapy. The purchase of a brace following the claimant's above mentioned surgery would not be indicated.

Front wheel Walker purchase: 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 Index, Knee & Leg, Durable Medical Equipment, Low Back, Back Brace, Post-operative (Fusion)

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

Decision rationale: The purchase of a front wheeled walker would be supported. This individual is to undergo operative intervention in the form of a two level fusion that would require assistance with mobilization following procedure. While California MTUS Guidelines are silent, Official Disability Guidelines would support the role of a wheeled walker in individuals that would be ambulatory challenged, following surgical intervention. Given the nature of the claimant's two level procedure, the role of a wheeled walker would be indicated.

Three (3) in one (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) Treatment Index, Knee & Leg, Durable Medical Equipment, Low Back, Back Brace, Post-operative (Fusion)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee procedure

Decision rationale: California MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, a three in one commode for purchase would not be indicated. Clinical records available for review fail to demonstrate any evidence of postoperative indication of bedridden or home bound status that would result in functional limitation and need for a three in one commode. Without documentation of the above, the role of the assisted durable medical equipment following the claimant's fusion procedure would not be considered medically necessary.