

<b>Case Number:</b>	CM14-0162985		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	09/26/2006
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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, has a subspecialty in Spine 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:

According to the records made available for review, this is a 43-year-old male with a 9/26/06 date of injury. At the time (4/9/14) of request for authorization for 3 in 1 commode, there is documentation of subjective (neck pain radiating to bilateral trapezial region associated with weakness in both arms) and objective (pain on extension, decreased sensation in lateral forearm and thumb, decreased brachioradialis reflex, and positive Spurling's test) findings, current diagnoses (cervicalgia, radiculitis, and C5/6 herniated nucleus pulposus), and treatment to date (medications). Medical reports identify that there is an anterior cervical decompression and fusion that has been authorized/certified. There is no documentation that the commode is prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations of the knee and leg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3 in 1 commode:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Merck Manual of Diagnosis and Therapy, Section 17. Genitourinary Disorders, Chapter 215

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

**Decision rationale:** MTUS does not address the issue. ODG identifies criteria necessary to support the medical necessity of a 3-in-1 commode: documentation that the patient is bed- or room-confined and that the commode is prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations of the knee and leg. Within the medical information available for review, there is documentation of diagnoses of cervicalgia, radiculitis, and C5/6 herniated nucleus pulposus. In addition, given documentation of an anterior cervical decompression and fusion that has been authorized/certified, there is documentation that the patient will be bed- or room-confined. However, there is no documentation that the commode is prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations of the knee and leg. Therefore, based on guidelines and a review of the evidence, the request for 3 in 1 commode is not medically necessary.