

Case Number:	CM14-0081140		
Date Assigned:	07/18/2014	Date of Injury:	11/15/2011
Decision Date:	10/10/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	06/02/2014

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 Texas. 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 injured worker is a 47-year-old male who reported an injury on 11/15/2011. The mechanism of injury was from repetitive motion. The diagnoses included left shoulder rotator cuff tear, lumbar spine pain, and lumbar radiculopathy. The previous treatments included physical therapy, pain medication, chiropractic care, acupuncture, electrical stimulation, epidural blocks, medial branch blocks, and facet injections. Diagnostic testing included an MRI, and EMG/NCV. Within the clinical note dated 04/22/2014, it was reported the injured worker complained of left shoulder pain. Upon the physical examination, the provider noted the cervical spine tenderness at the cervical paravertebral muscles. The injured worker had a positive Spurling's, compression, and axial loading test. The provider indicated the injured worker had tenderness in the anterior glenohumeral region and subacromial space with positive Hawkins impingement test. Upon examination of the lumbar spine, the provider noted tenderness at the lumbar paravertebral muscles. The injured worker had a positive seated nerve root test. The provider recommended the injured worker undergo a diagnostic/therapeutic arthroscopic arthroscopy of the left shoulder with subacromial arc compression, Mumford resection, and possible rotator cuff repair. The provider requested a postoperative 3 in 1 commode, and a thoracic-lumbar-sacral orthosis. However, the rationale was not provided for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative 3-1 Commode: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, knee and leg

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.

Decision rationale: The Official Disability Guidelines recommend durable medical equipment generally if there is a medical need and if the device or system meets the Medicare definition of durable medical equipment. Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for the 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 durable medical equipment toilet items (commodes, bed pans) are medically necessary if the patient is bed or room confined, and devices such as raised toilet seats or commode chairs may be medically necessary when prescribed as part of medical treatment plan for injury, infection, or conditions that result in physical limitation. There is a lack of clinical documentation indicating the injured worker had undergone the requested service by the provider warranting the medical necessity for the request. As such, the request is not medically necessary.

Thoracic-Lumber-Sacral Orthosis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, low back, Durable Medical Equipment

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: MTUS/ACOEM Guidelines note lumbar supports are not recommended for the treatment of low back disorders. Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The clinical documentation provided indicated the injured worker's injury is from 2011, and the injured worker would not be considered in the acute phase of symptom relief. Therefore, the request is not medically necessary.