

Case Number:	CM14-0216390		
Date Assigned:	01/06/2015	Date of Injury:	05/11/2011
Decision Date:	03/06/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/24/2014

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. 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: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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 60-year-old female with a injury date of 5/11/2011. The body parts included the left knee and left hip. She underwent arthroscopy of the left knee with partial medial meniscectomy in August 2011. She developed osteoarthritis of the left hip and a total hip arthroplasty was requested per utilization review of 12/10/2014. The disputed request pertains to postoperative use of a 3 in 1 commode. The utilization review of 12/10/2014 indicates that the need for operative intervention in this case had not been established thus negating the need for any postoperative DME device. The IMR application is dated 12/17/2014 and pertains to the 3 in 1 commode only.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Services: 3 in 1 commode: 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) Durable Medical Equipment (DME)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Section: Knee, Topic:DME 3 in 1 commode

Decision rationale: ODG guidelines recommend durable medical equipment if there is a need and if the device or system meets Medicare's definition of durable medical equipment. Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for 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. Certain DME toilet items such as commode may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. Based upon these guidelines, the bedside 3 in 1 commode is felt to be necessary in the initial postoperative period when due to activity limitations the injured worker is confined to her room. As such, the request for postoperative use of a 3 in 1 commode is supported and the medical necessity is established.