

<b>Case Number:</b>	CM15-0013636		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	03/17/2008
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	01/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2015

### 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: Illinois, California, Texas  
 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 injure worker is a 56-year-old female who sustained an industrial injury on 3/17/08. The 5/27/14 lumbar MRI demonstrated L4/5 and L5/S1 disc bulges with foraminal stenosis, and compromise of the bilateral exiting nerve roots, worse on the right at L4/5. Records indicated that the patient was working modified duty. The 12/5/14 treating physician report cited grade 8/10 low back pain radiating to the right lateral thigh and calf. In addition she had pain and stiffness in the neck, bilateral hip pain, weakness in the right knee, and bilateral ankle swelling. Physical exam documented 4/5 left and 5-/5 right extensor hallucis longus weakness, diminished right lateral calf sensation, and diminished right Achilles reflex. Straight leg raise was negative. Diagnoses included lumbar disc disease with myelopathy, left wrist calcific tendonitis, lumbar radiculopathy, and L5-S1 bilateral stenosis. The patient had failed conservative treatments including physical therapy, chiropractic therapy, pain medication management, and lumbar epidural steroid injections. Authorization was requested for right L4/5 and L5/S1 microdiscectomy. There was no rationale provided to support the medical necessity of the 3 in 1 commode or walker purchase. A request for post-op home health registered nurse (RN) evaluation was requested to determine if a home care assistant is necessary as the family was not able to assist. On 1/5/15, Utilization review certified a request for right L4/5/5 and L5/S1 microdiscectomy with 12 visits of post-operative rehabilitation, a lumbar brace, pre-op medical clearance and assistant surgeon. Associated requests for 3 in 1 commode purchase, walker purchase and one time evaluation with home health RN were non-certified citing ODG-TWC for

first two requests and MTUS: Chronic Pain Medical Treatment Guidelines regarding home health services.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**3 in 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), DME

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and Leg, Bathtub seats

**Decision rationale:** The California MTUS is silent regarding this durable medical equipment. The Official Disability Guidelines state that certain DME toilet items (commodes) are medically necessary if the patient is room-confined or when prescribed as part of a medical treatment plan for injury or conditions that result in physical limitations. Bathtub seats are considered a comfort or convenience item, hygienic equipment, & not primarily medical in nature. There is no indication that the patient will be room confined following the out-patient microdiscectomy to support the medical necessity of a bedside commode. A shower chair is considered a comfort or convenience item. Therefore, this request is not medically necessary.

**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), DME

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48. Decision based on Non-MTUS Citation Knee and Leg, Walking aids (canes, crutches, braces, orthoses, & walkers)

**Decision rationale:** The California MTUS guidelines do not provide specific guidelines for post-op ambulatory assistant devices, but recommend limited restriction of activity to avoid deconditioning. The Official Disability Guidelines state that disability, pain, and age-related impairments determine the need for a walking aid. Assistive devices can reduce pain and allow for functional mobility. The use of a walker is reasonable to allow for early post-op functional mobility and safety as the patient will not have family assistance. Therefore, this request is medically necessary.

**One time evaluation with home health registered nurse:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

**Decision rationale:** The California MTUS recommends home health services only for otherwise recommended treatment for patients who are homebound, on a part time or intermittent basis. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Guideline criteria have been met. This request is for evaluation of the need for a home health assistant. Due to the multi-level procedure type and documented lack of assistance; this request is medically necessary.