

Case Number:	CM15-0125761		
Date Assigned:	07/10/2015	Date of Injury:	04/09/2013
Decision Date:	08/06/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/29/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 51 year old male who sustained a work related injury April 9, 2013, described as continuous trauma in which he suffered injuries to his low back and upper and lower extremities. According to a primary treating physician's progress report, dated May 4, 2015, the injured worker presented with complaints of numbness and pain in his right hand and wrist, locking of his right thumb and pain and numbness in his left leg. He reports he is happy with the surgical result for his left hand and wrist, with less pain and the numbness is improved. Objective findings; healed surgical scar left wrist and thumb, negative Tinel's sign and decreased range of motion of the left wrist. The lumbar spine reveals left sciatic notch tenderness, decreased sensation left S1 distribution, Achilles reflex is diminished on the left and intact on the right, straight leg raise is positive in a sitting and supine position on the left side and negative on the right side and motor examination is intact bilateral lower extremities. He underwent a lumbar epidural steroid injection January 12, 2015, for the left L4 and L5 radiculopathy, with no improvement in his pain. He is currently completing physical therapy sessions and will continue with home exercises. Diagnoses are s/p left carpal tunnel release and left trigger thumb release; right carpal tunnel syndrome and right trigger thumb; L5-S1 left-sided disc herniation with left S1 radiculopathy; bilateral eye pain. Treatment plan included a discussion regarding a left sided L5-S1 hemilaminotomy and microdiscectomy with medical clearance and associated post-operative services. At issue, the request for a 3 in 1 commode for purchase and an LSO back brace for purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 in 1 Commode for purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg (updated 05/05/15).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg section, DME.

Decision rationale: Pursuant to the Official Disability Guidelines, 3 in 1 commode for purchase is not medically necessary. Durable medical equipment is recommended generally if there is a medical need and the device or system meets Medicare's definition of durable medical equipment. Most bathroom and toilet supplies do not customarily serving medical purpose and are primarily used for convenience in the home. The term DME is defined as equipment which: can withstand repeated use; is primarily and customarily served medical purpose; generally is not useful to a person in the absence of illness or injury; and is appropriate for use in the patient's home. In this case, the injured workers working diagnoses are status post left carpal thumb release and left trigger thumb release; right carpal tunnel syndrome and right trigger thumb; L5 - S1 left sided disc herniation with left S1 radiculopathy; and bilateral eye pain. The date of injury is April 9, 2013. The most recent progress note in the medical record is dated May 4, 2015. Subjectively, the injured worker is status post left hand surgery with less pain. There is numbness in the left leg. Objectively, there is left SI joint tenderness, decreased sensation left S1 distribution; positive straight leg raising with normal motor function lower extremities. Surgical treatment is recommended with a left L5 - S1 hemilaminotomy. The treating provider recommended durable medical equipment including a three and one commode for purchase and LSO back brace for purchase. Most bathroom and toilet supplies do not customarily serving medical purpose and are primarily used for convenience in the home. There are no compelling clinical facts to support a three in one commode. Consequently, absent guideline recommendations and compelling clinical facts to support a three and one commode for purchase, 3 in 1 commode for purchase is not medically necessary.

LSO Back Brace for purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back (updated 05/15/15).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Lumbar supports.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, LSO back brace for purchase is not medically necessary. Lumbar supports have not been shown to have lasting benefits beyond the acute phase of symptom relief. Lumbar supports are not

recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing back pain. In this case, the injured workers working diagnoses are status post left carpal thumb release and left trigger thumb release; right carpal tunnel syndrome and right trigger thumb; L5 - S1 left sided disc herniation with left S1 radiculopathy; and bilateral eye pain. The date of injury is April 9, 2013. The most recent progress note in the medical record is dated May 4, 2015. Subjectively, the injured worker is status post left hand surgery with less pain. There is numbness in the left leg. Objectively, there is left SI joint tenderness, decreased sensation left S1 distribution; positive straight leg raising with normal motor function lower extremities. Surgical treatment is recommended with a left L5 - S1 hemilaminotomy. The treating provider recommended durable medical equipment including a three and one commode for purchase and LSO back brace for purchase. Lumbar supports have not been shown to have lasting benefits beyond the acute phase of symptom relief. Lumbar supports are not recommended for prevention. Consequently, absent guideline recommendations for lumbar supports, LSO back brace for purchase is not medically necessary.