

Case Number:	CM15-0069754		
Date Assigned:	04/17/2015	Date of Injury:	08/08/2000
Decision Date:	05/19/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/13/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 59-year-old who has filed a claim for chronic wrist, neck, mid back, and low back pain reportedly associated with an industrial injury of August 2, 2000. In a Utilization Review report dated March 20, 2015, the claims administrator failed to approve a request for a bedside commode and a lumbar support. The claims administrator referenced a March 10, 2015 progress note in its determination. The applicant's attorney subsequently appealed. In a handwritten note dated March 10, 2015, difficult to follow, not entirely legible, the applicant reported multifocal complaints of neck, upper back, lower back, wrist, and hand pain. The note was very difficult to follow. It was stated that the applicant did not wish to pursue any kind of surgical remedy. In addition to her primary complaint of low back pain, ancillary complaints of hip pain, knee pain, ankle pain, foot pain were reported. A shower chair, bedside commode, heating pads, and lumbar support were endorsed. The applicant was asked to follow up with a pain management physician. The applicant's work status was not clearly stated. In March 13, 2015 progress note, Soma, Ambien, and Percocet were renewed. The applicant reported 9/10 pain. The applicant was no longer working, it was suggested, and had apparently retired.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bedside Commode (cervical, thoracic, lumbar, bilateral wrists): 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, Durable medical equipment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Knee Durable medical equipment (DME).

Decision rationale: No, the request for a bedside commode was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. While ODG's knee and leg chapter durable medical equipment topic notes that certain DME toilet items such as commodes are medically necessary if an applicant is bed-or-room-confined and when prescribed as part of medical treatment plan for injury or conditions, which result in physical limitations, in this case, however, the applicant's gait, ambulatory status, and/or physical limitations were not clearly described or characterized on progress notes of March 10, 2015, and March 19, 2015. It was not clearly established that the applicant in fact had significant gait derangement, which would have prevented the applicant from walking to the bathroom of her own accord, either during the day or at night. Therefore, the request was not medically necessary.

LSO Brace (cervical, thoracic, lumbar, bilateral wrists): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: Similarly, the request for lumbosacral brace (AKA lumbar support) was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 301, lumbar supports have not been shown to have any benefit outside of the acute phase of symptom relief. Here, the applicant was, quite clearly, well outside of the acute phase of symptom relief as of the date of the request, March 10, 2015, following an industrial injury of August 2, 2000. Introduction, selection, and/or ongoing usage of a lumbar support were not indicated at this late stage in the course of the claim. Therefore, the request was not medically necessary.