

Case Number:	CM15-0078493		
Date Assigned:	04/29/2015	Date of Injury:	03/22/2013
Decision Date:	05/28/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/23/2015

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: California

Certification(s)/Specialty: Family Practice

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 53-year-old male with an industrial injury dated 3/22/2013. The injured worker's diagnoses include spinal stenosis, lumbar radiculopathy, and post laminectomy syndrome. Treatment consisted of MRI of lumbar dated 3/16/2015, prescribed medications, and periodic follow up visits. In a progress note dated 4/09/2015, the injured worker reported severe low back and left leg pain. The injured worker also reported treating physician's recent recommendation for a lumbar fusion. Objective findings revealed lumbar myospasms bilaterally. The treating physician prescribed services for post-operative commode chair now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Operative Commode Chair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Regence Group, Durable Medical Equipment-Commodes.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CMS Guidelines/Commode Chair
<http://www.medicare.gov/coverage/commode-chairs.html>.

Decision rationale: The MTUS and Official Disability Guidelines are silent on the use of commode chairs either for patients with low back complaints or for patients during the post-operative period. There are published CMS/Medicare guidelines for commode chairs. These guidelines state that commode chairs may be a covered benefit if the patient is confined to the bedroom. In reviewing the medical records there is no evidence that this patient is confined to the bedroom or is unable to ambulate. For this reason, the use of a post-operative commode chair is not considered medically necessary.