

Case Number:	CM15-0090801		
Date Assigned:	05/15/2015	Date of Injury:	07/10/2013
Decision Date:	06/23/2015	UR Denial Date:	04/11/2015
Priority:	Standard	Application Received:	05/11/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 61 year old female who sustained an industrial injury on 07/10/2013. The injured worker was diagnosed with lumbar spondylolisthesis and moderate stenosis and instability at L4-5. The injured worker is status post a L5-S1 laminectomy (no date documented). Treatment to date includes diagnostic testing with recent magnetic resonance imaging (MRI) in July 2014, conservative measures, physical therapy and medications. According to the primary treating physician's progress report on March 31, 2015, the injured worker continues to experience low back and leg pain. Examination demonstrated spasm, decreased range of motion in all planes, positive straight leg raise bilaterally and decreased sensation at the L5 distribution. The injured worker is awaiting surgery. Current medications were not noted. Treatment plan consists of an authorized anterior/posterior lumbar decompression and interbody fusion at L4-S1 and the current request for a 3 in 1 commode post-operatively.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 in one commode post operative due to lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Commode.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Durable Medical Equipment (DME) and Exercise Equipment and Other Medical Treatment Guidelines Medicare.gov, durable medial equipment.

Decision rationale: MTUS and ACOEM are silent regarding the medical necessity of shower chairs. ODG does state regarding durable medical equipment (DME), "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below" and further details "Exercise equipment is considered not primarily medical in nature." Medicare details DME as: Durable and can withstand repeated use. Used for a medical reason. Not usually useful to someone who isn't sick or injured. Appropriate to be used in your home. The request for Commode likely meets the criteria for durability and home use per Medicare classification, although the request is non-specific. However, the treating physician fails to comment on what medical reason the patient has that would necessitate a commode. No validation of the patient's fragility, fall risk, lack of ability perform these daily activities, or other components to justify this request. In this specific case, Commode is not classified as durable medical equipment and are not recommended per ODG. As such, the request for 3 in one commode post operative due to lumbar is not medically necessary.