

Case Number:	CM14-0140824		
Date Assigned:	09/10/2014	Date of Injury:	10/31/2005
Decision Date:	10/07/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 41-year-old gentleman with a documented date of injury of October 31, 2005 related to a right knee injury. The records provided for review documented that the claimant is status post right total knee arthroplasty for which recent clinical records include a Utilization Review of August 6, 2014 authorizing right total knee arthroplasty revision with polyethylene exchange. The surgical process has been approved. There is a current request for postoperative use of a 3-in-1 commode in the claimant's postoperative setting.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 3-1 Commode: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare's DME(Durable Medical Equipment)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Guidelines Official Disability Guidelines (ODG); Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure - Durable medical equipment (DME)

Decision rationale: The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. When looking at Official Disability Guideline criteria, the 3-in-1

commode would be supported. The role of this postoperative device would be supported as appropriate use in the claimant's home following operative process that includes revision arthroplasty. It would serve a primary medical purpose to assist and aide in the claimant's activities of daily living. It would typically be considered a Standard of Care following an arthroplasty or arthrotomy procedure to the knee or hip. Therefore, this request is medically necessary.