

<b>Case Number:</b>	CM14-0152180		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	06/27/2012
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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, has a subspecialty in Sports Medicine 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 injured worker is a 41-year-old male who reported an injury when he missed a step while trying to grab a falling heavy crate on 06/27/2012. On 03/12/2013, his diagnoses included lumbar sprain, sciatica, lumbar disc displacement, and inguinal hernia. His complaints included constant low back pain with numbness and tingling of the left lower extremity along the lateral thigh radiating to the medial thigh. On 06/05/2014, there was a request for an L4-5 posterior lumbar interbody fusion. Noted DME on that progress note included a front wheel walker, ice unit, TLSO and 3 in 1 commode. There was no rationale included in this injured worker's chart. A Request for Authorization dated 06/05/2014 was included.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Front wheel walker purchase:** 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 Procedure Summary

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Walking aids.

**Decision rationale:** The request for Front wheel walker purchase is not medically necessary. The Official Disability Guidelines note that assistive devices for ambulation can reduce pain associated with osteoarthritis. Frames or wheeled walkers are preferable for patients with bilateral disease. It was noted in the submitted documentation that this injured worker has only left sided involvement. Therefore, he does not meet the criteria for a wheeled walker. Thusly, the request for Front wheel walker purchase is not medically necessary.

**Ice unit purchase:** Upheld

**Claims Administrator 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 Procedure Summary

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Thermotherapy and Cold packs.

**Decision rationale:** The request for Ice unit purchase is not medically necessary. The Official Disability Guidelines note that thermotherapy is under study. There is a lack of evidence regarding efficacy. Cold packs; however, are recommended. The need for an ice unit was not clearly demonstrated in this submitted documentation. Therefore, this request for Ice unit purchase is not medically necessary.

**TLSO purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Procedure Summary

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

**Decision rationale:** The request for TLSO purchase is not medically necessary. The California ACOEM Guidelines note that lumbar supports are not recommended for all acute lumbar spine disorders. Lumbar support is not recommended for the treatment of low back disorders. Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Additionally, the request did not specify whether the requested brace custom made or prefabricated or the size of the brace. Additionally, it did not specify the frequency of use. Therefore, this request for TLSO purchase is not medically necessary.

**3-1 commode purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross of California Medical Policy Durable Medical Equipment

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Durable medical equipment (DME).

**Decision rationale:** The request for 3-1 commode purchase is not medically necessary. In the Official Disability Guidelines, durable medical equipment (DME) is recommended generally if there is a medical need and if the device or system meets Medicare's definition of DME, defined as equipment which can withstand repeated use, for example, could normally be rented and used by successive patients and is primarily and customarily used to serve a medical purpose. Certain DME toilet items including commodes may be medically necessary if the patient is bed or room confined and devices such as raised toilet seats and commode chairs may be medically necessary when prescribed as a part of a medical treatment plan for injury and infections or in conditions that result in physical limitations. There was no indication in the submitted documents that this injured worker was bed or room confined. There was no indication that he had difficulty or needed assistance in using the restroom. The clinical information submitted failed to meet the evidence based guidelines for durable medical equipment. Therefore, this request for 3-1 commode purchase is not medically necessary.