
Notice of Independent Medical Review Determination

Dated: 10/7/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/9/2013

2/23/2011

7/18/2013

CM13-0001966

- 1) MAXIMUS Federal Services, Inc. has determined the request for an electric scooter **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for continued follow-up with psychiatrist to manage psychotropic medications **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/18/2013 disputing the Utilization Review Denial dated 7/9/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/23/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for an electric scooter **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for continued follow-up with psychiatrist to manage psychotropic medications **is medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent physician who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 9, 2013

“Psychiatric consultation report dated 02/15/13 states that 59 year old claimant reported physical-mental industrial injury suffered during employment as a Certified Nurse Assistant for the [REDACTED]. The claimant suffered from knee injuries, requiring a total of six procedures including total knee arthroplasty. In around 11/12, the claimant began to have spasms in the thigh muscles that are involved with the knee. The claimant is having constant knee spasms that lead to anxiety and depression (which were never present prior to the injury). The claimant is unable to obtain Celexa and Ativan due to insurance issues. The claimant currently complains of lack of sleep, inability to perform grocery shopping, housework or laundry, and loss of balance due to spasms. The claimant also has decreased appetite, isolation, fatigue, and anger. Past medical history is significant for diabetes mellitus type II and uterine cancer, diagnosed fifteen years ago. On mental status exam, the claimant has depressed mood and fairly high anxiety. The claimant does not have suicidal ideation or homicidal ideation. The claimant has severe isolation and feelings of hopelessness. The claimant is fatigued and appears to be tired. The claimant has noticed problems with concentration. The claimant was diagnosed with major depressive disorder and sleep disorder, insomnia type due to major depressive disorder. The provider recommends psychopharmacological and psychotherapeutic treatment, aimed at curing and/or relieving emotional distress as well as preventing further deterioration of condition. The provider recommends resuming aggressive treatment with citalopram 40mg 1 daily, sleep medication such as Lunesta, trazodone or Ambien, psychotherapy sessions and depression management program, and lorazepam 0.5mg 1 prn BID for anxiety. The

claimant is precluded from working in any environment where there would be exposure to equipment or machinery that could pose dangers or where poor concentration and memory problems could pose risks to other persons.

“Comprehensive neurologic evaluation report dated 05/11/13 notes that the claimant has work related injury affecting the knees, apparently related to repetitive work in the position as a CNA for the [REDACTED]. The claimant underwent right total knee replacement in 2009, returned to work, and then developed left sided knee pain, for which the claimant also underwent total knee replacement in 07/12. Following surgery, the claimant lacked full extension of the knee. There was a slight jumping movement that the claimant noticed in the left lower extremity and feels that this accelerated after mobilization under anesthesia last 11/12. The claimant had normal EMG/NCV study in 01/13. Past medical history is significant for hypertension and diabetes. Examination shows moderately diminished rapid alternating movements in the left lower extremity. There is nearly continuous myoclonus of the left lower extremity, which seems to become more frequent and intense with attempts at using the leg. Gait is antalgic, disrupted by myoclonus. The claimant has repetitive myoclonic jerking of the left lower extremity. Occasionally, peripheral disruptions may result in dystonic type movement disorder, but this is very repetitive myoclonus without clear dystonic features. The provider feels that the movement disorder is related to the prior industrial condition resulting in the left knee surgery, but the provider would like to underscore that the movement disorder provides no evidence for any technical deficiency in the surgery itself. The provider states that, occasionally, correctly performed surgeries may result in peripheral input to the brain that can result in movement disorders. The provider recommends EEG and MRI of the brain to assess the possible etiologies for the myoclonic jerking. In the interim, the provider recommends Depakote 500mg bid to see if this will have any benefit for controlling the movements.”

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (received 7/18/13)
- Utilization Review Determination (dated 7/9/13)
- Medical Records
- Medical Treatment Utilization Schedule

1) Regarding the request for an electric scooter :

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the MTUS Chronic Pain Medical Treatment Guidelines (2009), Power Mobility Devices (PMDs), page 99. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee’s clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on February 23, 2011 resulting in bilateral knee injury. Medical records provided for review indicate treatments

have included medications, knee surgery, and psychiatric visits. The request is for an electric scooter.

MTUS states *“if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care.”* The medical records of 4/29/13 indicates the employee is able to walk, but has difficulty and hip pain. The documentation provided for review has no documentation which would support that the employee is immobile. The request for an electric scooter is not medically necessary and appropriate.

2) Regarding the request for continued follow-up with psychiatrist to manage psychotropic medications :

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition, (2004), Chapter 15, page 405. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee’s clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on February 23, 2011 resulting in bilateral knee injury. Treatments have included medications, knee surgery, and psychiatric visits. The request is for continued follow-up with psychiatrist to manage psychotropic medications.

The ACOEM Guidelines recommend psychology consultation to aid in diagnosis, prognosis or therapeutic management of the work-related injury. In this case, the primary treating physician is an orthopedist who is not comfortable prescribing psychotropic medication. The medical documentation provides an Axis I diagnosis and impairment rating and recommends the employee have access to the antidepressant medication on a long-term, indefinite basis. The request for continued follow-up with psychiatrist to manage psychotropic medications is medically necessary and appropriate.

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/hs

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.