

Case Number:	CM13-0019828		
Date Assigned:	10/11/2013	Date of Injury:	08/06/2004
Decision Date:	01/07/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	09/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 physician 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 IMR application shows the date of injury as 8/6/04 and the worker is disputing the 8/7/13 UR decision. The 8/7/13 UR letter is for denial of an electric scooter, gym membership for a year, home health care, and transportation services to medical visits. The patient is a 46 year old male with several industrial injury claims involving his low back, shoulders and apparently some internal medicine diagnoses. The patient has history of lumbar decompression, placement of a spinal cord stimulator, and has developed a chronic pain syndrome. The 7/11/13 report from [REDACTED] requests an electric scooter for ambulation for extended periods of time. The patient was noted that he is unable to use a wheelchair, due to bilateral shoulder impingement, but the report also notes he is able to ambulate with a wheeled walker. The patient pays out of pocket for aquatic therapy, trying to maintain the strength he has in his legs. He is in fear of falling. He states that sometimes he has significant weakness in the legs. The 4/11/13 PR-2 form from [REDACTED] notes the patient has low back pain and difficulty walking due to pain. The patient was able to walk with a rolling walker. Exam shows lumbar flexion at 40 degrees, extension at 10 degs, and lateral bending at 30 degrees. Diagnoses included urological diagnoses status post SCS placement, history of lumbar decompression, psychiatric diagnoses, bilateral shoulder impingement, and chronic pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

electric scooter: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices Page(s): 99.

Decision rationale: MTUS guidelines state if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care. In this case, the patient is reported to be able to walk with a cane or a wheeled walker. The request for a scooter does not meet MTUS criteria. The request for an electric scooter is not medically necessary and appropriate.

gym/pool membership for a year: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Lumbar Chapter, Gym Memberships.

Decision rationale: MTUS guidelines do state aquatic therapy is an optional alternative to land based physical therapy. It states it can minimize the effects of gravity and it is recommended where reduced weight bearing is desirable. The patient is overweight being 5'9" and 226 lbs and might benefit from aquatic therapy. However, this was not what was requested for this IMR. The request is for a gym membership with a pool. MTUS does not discuss unsupervised aquatic therapy, or gym memberships. ODG guidelines were consulted. ODG states gym memberships are indicated if a home exercise program is not effective and there is need for equipment, and that the treatment needs to be monitored and administered by medical professionals. The home exercise program success or failure was not discussed in the reports, nor was there a discussion of the medical professionals that will administer and monitor the aquatic therapy. The request for a gym membership is not in accordance with ODG guidelines. The request for a one year gym/pool membership is not medically necessary and appropriate.

home health services, 6 hours a day, five days a week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: There is no discussion of what medical treatment the patient requires at home. MTUS states that medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Without a description of the home health

service needed, there is nothing to compare to the MTUS guidelines to confirm whether they meet the criteria. The home health services requested are unknown, thus it is impossible to determine whether they meet MTUS guidelines. The request for home health services is not medically necessary and appropriate.

Transportation to and from all medical visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg Chapter, Transportation.

Decision rationale: Transportation service to medical visits is not a medical treatment. As such, there are no medical treatment guidelines for this in MTUS or ACOEM. ODG guidelines, in the knee chapter, recommends transportation for patients with disabilities preventing them from self-transport. The patient has low back pain and shoulder problems, but he is able to ambulate with a cane or a wheeled walker, and there was no discussion of how his injury prevents him from self-transport. The request is not in accordance with ODG guidelines. The request for transportation services is not medically necessary and appropriate.