

<b>Case Number:</b>	CM13-0033850		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	05/04/2009
<b>Decision Date:</b>	04/03/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/11/2013

### 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 Occupational Medicine, and is licensed to practice in Hawaii. 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:

This patient is a 58 year old female who sustained a work-related injury on 5/5/09. The patient is undergoing treatment for cervical/thoracic spinal disc bulges at C5-6, T2-4, and T8-10; left shoulder strain; bilateral carpal tunnel; and failed right shoulder surgery. Treatment has included physical therapy, and medications, including Norco, Flexeril, Lyrica, and Lidoderm patches. Subjective complaints as of 3/20/13 include pain of the upper right back, bilateral shoulder, and neck pain with radiation to bilateral shoulders. The neck complaints have improved 25-50% due to existing physical therapy, accupuncture, and medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**REFERRAL FOR VASCULAR SURGEON CONSULT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 165-286.

**Decision rationale:** The California MTUS is silent regarding vascular surgeon consultation specifically. The ACOEM does not specifically reference vascular surgeon consultation, but does indicate that certain red flags, such as signs of serious infection, tumor, or signs of serious systemic disease, would warrant additional surgical evaluation. The treating physicians do not

provide any medical justification supporting the request for vascular surgeon consultation. Progress notes did not describe a vascular problem that might require consultation, including object vascular physical exam findings. Additionally, there were no subject or objective findings documenting red flags, which would indicate vascular issues warranting further investigation. As such, the request is not medically necessary.

**CERVICAL EPIDURAL INJECTION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI) Page(s): 46.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that epidural steroid injections are recommended as an option for the treatment of radicular pain. These injections should be in conjunction with other rehabilitative efforts, including continuing a home exercise program. There was no evidence that a home exercise program is ongoing. Additionally, no objective findings were documented to specify the dermatomal distribution of pain, if any. The MTUS states that the criteria for epidural steroid injections include: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and 2) The patient should be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The treating physician writes on 3/20/13 that neck complaints have improved 25-50% due to existing physical therapy, acupuncture, and medications, which does not indicate unresponsiveness to conservative treatment. As such, the request is not medically necessary.

**MOTORIZED GARAGE DOOR OPENER:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CMS Carriers Manual, Section 2100.0, and Intermediary Manual, Section 3113.1.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare guidelines for durable medical equipment.

**Decision rationale:** The MTUS, ACOEM, and ODG are silent regarding the medical necessity of motorized garage door openers. The treating physician requests a motorized garage door for her since she is unable to lift the door due to the pain in her neck, upper back, and shoulders. While the patient has pain in the neck, back, and shoulders, the progress notes do not objectively quantify the patient's lifting limitations and the weight of the garage door. Additionally, the treating physician does not detail other pertinent information (Is the requested motorized garage door to be used for the purposes of parking a vehicle or for entrance into their residence? Is the garage door the only entrance that can be used by the patient, or is there an alternate entrance into the residence (front door, back door, etc)?). Medicare does detail some criteria about whether or not equipment can be classified as durable medical equipment to include being durable, used for a medical reason, not usually useful to someone who isn't sick or injured, and

used in your home. A motorized garage door would not meet the definition of medical equipment. As such, the request is not medically necessary.