

Case Number:	CM13-0037248		
Date Assigned:	12/13/2013	Date of Injury:	05/17/2000
Decision Date:	02/28/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/27/2013

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 Family Practice 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 patient is a 53-year-old female who reported an injury on 06/29/2000 due to cumulative trauma while performing normal job duties. The patient reportedly sustained injuries to her cervical and lumbar spine and right wrist. The patient ultimately underwent fusion surgery at the C5-6 level and the L4 through the S1 levels with subsequent hardware removal. The patient underwent additional fusion surgery at the L1-2 and L2-3 levels. The patient's most recent clinical evaluation reveals the patient has continued complaints of knee pain and knee instability. Physical findings included clinically ill appearing patient with bilateral knee patellar compression test that was positive on the right greater than the left and right knee crepitus with patellar mal tracking. The patient's diagnoses included cervical postlaminectomy pain syndrome, lumbar postlaminectomy pain syndrome, morbid obesity, bilateral knee internal derangement. The patient's treatment plan included right knee arthroscopy and lateral release, multiple specialty consultations and continuation of medication usage. The current request is for a car lift for the patient's electric wheelchair to allow for travel outside the home and peripheral nerve stimulation to treat severe depression and pain. ¶¶

IMR ISSUES, DECISIONS AND RATIONALES

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

car wheelchair lift: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg chapter, Durable Medical Equipment (DME)

Decision rationale: The Physician Reviewer's decision rationale: The requested car wheelchair lift is not medically necessary or appropriate. Official Disability Guidelines recommend durable medical equipment is considered medically necessary to provide functional benefit within the home. As the requested car, wheelchair lift is for use outside the home, it would not be considered medically necessary. As such, the requested car wheelchair lift is not medically necessary or appropriate.

outpatient peripheral nerve stimulation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, treatment Page(s): 41.

Decision rationale: The Physician Reviewer's decision rationale: The requested outpatient peripheral nerve stimulation is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the consideration of peripheral nerve stimulation in patients with class II complex regional pain syndrome who have failed other types of neurostimulation. The clinical documentation submitted for review does not provide any evidence that the patient is diagnosed with class II complex regional pain syndrome. Therefore, the requested peripheral nerve stimulation is not medically necessary or appropriate.