

<b>Case Number:</b>	CM13-0042930		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/29/1996
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	10/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### 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 Pain Medicine and is licensed to practice in Texas and Ohio. 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 66-year-old female who reported an injury on 12/29/1996 due to cumulative trauma while performing normal job duties. Previous treatments included physical therapy, medications, surgical intervention, and multiple injections. The patient's most recent clinical evaluation revealed the patient had recently had 2 episodes of falling causing injury to her shoulder and head. Physical examination of the lumbar spine revealed tenderness to palpation of the paraspinal musculature with limited range of motion. The patient's diagnoses included postsurgical mechanical spine pain, lumbar discopathy, depression and anxiety, left knee meniscal tear, left knee medial gonarthrosis, subluxation and lateral femoral condyle defect, status post left knee arthroscopy, and left shoulder pain status post fall. The patient's treatment plan included orthotics, a power operated vehicle, continued medications, and participation in a home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lortab 10/325 mg, #60:** 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 Opioids On-going Management Page(s): 78.

**Decision rationale:** The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time and is monitored for compliance by urine drug screens. However, California Medical Treatment Utilization Schedule recommends the continued use of opioids in the management of chronic pain be supported by a quantitative assessment of pain relief and documentation of functional benefit. The clinical documentation submitted for review does not provide any evidence of a quantitative assessment of pain relief or documentation of functional benefit. As such, the requested Lortab 10/325 mg #60 is not medically necessary or appropriate.

**Motorized scooter with rack for vehicle:** 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 Power mobility devices (PMDs) Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Durable Medical Equipment (DME)

**Decision rationale:** The California Medical Treatment Utilization Schedule recommends power mobility for patients who have ability deficits that cannot be sufficiently resolved with lower levels of equipment. The clinical documentation submitted for review does not provide evidence that the patient's mobility deficits cannot be sufficiently resolved with a cane, walker or optimally configured manual wheelchair. Additionally, Official Disability Guidelines recommend durable medical equipment as appropriate when assistance is needed within the home. The clinical documentation submitted for review does indicate that the requested equipment would be used for longer mobilization. Therefore, the need for ambulation assistance that cannot be sufficiently resolved by lower levels of equipment in the home is not sufficiently addressed. As such, the requested motorized scooter with rack for vehicle is not medically necessary or appropriate.

**Orthopedic mattress:** 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 requested orthopedic mattress is not medically necessary or appropriate. Official Disability Guidelines recommend durable medical equipment that is customarily used for a medical purpose and is not useful to the patient in the absence of injury or illness. As the use of an orthopedic mattress would benefit the patient in the absence of injury or illness, it

would not be considered medically necessary. As such, the requested orthopedic mattress is not medically necessary or appropriate.

**Orthopedic shoes:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter, Orthotic devices

**Decision rationale:** The American College of Occupational and Environmental Medicine recommend orthotics for patients with ankle and foot injuries. The clinical documentation submitted for review does not provide any evidence that the patient has any diagnoses related to the ankle or feet that would benefit from orthotics. Additionally, Official Disability Guidelines recommend orthotic devices for patients with plantar fasciitis or foot pain related to rheumatoid arthritis. The clinical documentation submitted for review does not support that the patient has either of these diagnoses. As such, the requested orthopedic shoes are not medically necessary or appropriate.