

Case Number:	CM13-0043945		
Date Assigned:	01/24/2014	Date of Injury:	08/08/2012
Decision Date:	09/17/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 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 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 injured worker is a 50-year-old male who reported injury on 08/08/2012. He was reportedly walking past the pool area carrying a broom and a mop when he slipped on water, causing him to fall onto the right ankle and leg. He reported twisting his right ankle and foot and landing in a seated position with his right foot twisted behind him. The injured worker's treatment history included x-rays, MRI, surgery, EMG/NCV, and urine drug screen. The injured worker was evaluated on 09/30/2013 and it was documented that the injured worker complained of ongoing right foot/ankle pain. It was documented that the injured worker complained of worsening depression secondary to pain and disability. He requested wheelchair for use during outings where he becomes exhausted using crutches and a walker and he had no where to sit in order to rest. He also requested for DMV handicap parking permit to reduce the need to walk. He expressed his strong desire to get past this injury, regain function and return to work. Physical examination of the right foot/ankle revealed tenderness to palpation over the Achilles tendon, diffuse distal leg and ankle, marked over the anterior aspect of the ankle and mortise joint. The injured worker ambulated with a single-point cane and moon boot, but removed for examination. Diagnoses included status post right ankle open reduction/internal fixation (ORIF), right ankle sprain, right knee sprain, headaches/dizziness, deferred. Within the documentation, the provider noted x-rays of the right ankle revealed superior screws loosening resulting in a fracture of the fibula at the joint. Distal tibial screws are also loosened with collapse and separation of fracture fragments resulting in the development of a Charcot's joint. Medications included Norco 2.5/325 mg. The request for authorization dated 09/30/2013 was for wheelchair and Norco 2.5/325 mg. The rationale was for the wheelchair was the injured worker becomes exhausted using crutches

and walker and has no where to sit in order to rest. The rationale for Norco was for pain for the injured worker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 wheelchair: 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 & Leg, Durable Medical Equipment.

Decision rationale: The requested is not medically necessary. According to the Official Disability Guidelines (ODG) state that Durable medical equipment the home. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. Certain DME toilet items (commodes, bed pans, etc.) are medically necessary if the patient is bed- or room-confined, and devices such as raised toilet seats, commode chairs, sitz baths and portable whirlpools may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. Many assistive devices, such as electric garage door openers, microwave ovens, and golf carts, were designed for the fully mobile, independent adult, and Medicare does not cover most of these items. The request submitted failed to indicate why the provider is requesting the wheel chair for the injured worker. As such, the prospective request for 1 wheelchair is not medically necessary.

Prospective request for 1 prescription of Norco 2.5/325mg, #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, criteria for use Page(s): 78.

Decision rationale: The requested is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The provider failed to submit a current urine drug screen indicating opioids compliance for the injured worker. There was no outcome measurements indicated for the injured worker such as physical therapy or home exercise regimen for the injured worker. There was lack of documentation of long-term functional improvement for the injured worker. The request submitted for review failed to

include frequency and duration of medication. Given the above, the request for Norco 2.5/325 mg, # 60 is not medically necessary.