MAXIMUS Federal Services

Case Number:	CM13-0055837		
Date Assigned:	12/30/2013	Date of Injury:	12/29/1996
Decision Date:	05/19/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/21/2013

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 Orthopedic Surgery 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 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 patient is a 66-year-old male injured in work related accident on December 29, 1996. The records available for review document low-back complaints, as well as left knee pain and a left shoulder injury. The patient underwent a left knee arthroscopy in 2007. There is also a history of prior low-back surgery that was not well-documented. A June 28, 2013, clinical assessment reported continued complaints of shoulder and low back pain; physical examination showed diminished range of motion, an inability to heel-and-toe walk, positive straight leg rising bilaterally, and spasm. The patient's diagnoses were reported to be postsurgical, mechanical back pain with lumbar discopathy, depression, anxiety, left knee medial meniscal tear, left knee arthrosis status post arthroscopy, and left shoulder pain status post fall. The records did not document further treatment or clinical imaging studies. This request is for a prescription of Lortab and durable medical equipment to include a scooter with rack for the patient's vehicle, an orthopedic mattress, and orthopedic shoes.

IMR ISSUES, DECISIONS AND RATIONALES

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

LORTAB 10/325MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LORTAB, OPIOIDS-CRITERIA FOR USE Page(s): 91, 76-80.

Decision rationale: According to California MTUS Chronic Pain Guidelines, the continued use of Lortab, short-acting narcotic analgesics, cannot be recommended as medically necessary. The medical records document that the patient reports chronic complaints of pain but there is no documentation that the patient is experiencing an acute exacerbation of his clinical symptoms that would benefit from the use of Lortab to improve function and activity. In fact, the additional requests for this review are for power mobility devices, mattress and custom shoe wear, all of which are adaptive in nature and would seem to contradict the need for use of a short-acting narcotic analgesic to allow for greater activity. Because the records reviewed do not indicate demonstrated benefit with increased activity with use of Lortab, this request cannot be supported as medically necessary.

DURABLE MEDICAL EQUIPMENT: SCOOTER WITH RACK FOR VEHICLE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), TREATMENT IN WORKER'S COMP; 18TH EDITION, 2013 UPDATES: KNEE PROCEDURE.

Decision rationale: The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. According to the Official Disability Guidelines, the role of a scooter for this patient would not be indicated. According to the Official Disability Guidelines, Scooters are not indicated if there is evidence that the patient is capable of performing activities independently in an ambulatory fashion or with use of a wheelchair. Although this patient reports continued pain, the records available for review do not indicate an inability to use the arms or perform weight-bearing activities. Absent that documentation, the request for the power mobility device in question would not be medically necessary.

DURABLE MEDICAL EQUIPMENT: ORTHOPEDIC MATTRESS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) TREATMENT IN WORKER'S COMP, 18TH EDITION, 2013 UPDATES: LOW BACK PROCEDURE.

Decision rationale: The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. According to Official Disability Guidelines, the request for a mattress would not be indicated. Mattress selection is patient-specific based on multiple criteria that

extend well beyond the scope of injury or illness. It is more so a personal preference than a medical decision. Peer-reviewed literature currently does not recommend one form of mattress over the other in terms of efficacy in the chronic lumbar setting. The request for this item, which is related to lifestyle decision and not medical status, would not be supported as medically necessary.

DURABLE MEDICAL EQUIPMENT: ORTHOPEDIC SHOES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE 2ND EDITION (2004), ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) TREATMENT IN WORKER'S COMP, 18TH EDITION, 2013 UPDATES: KNEE PROCEDURE - FOOTWEAR, KNEE ARTHRITIS

Decision rationale: The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. According to the Official Disability Guidelines, the request for orthopedic shoes for this individual cannot be recommended as medically necessary. While the patient is diagnosed with left knee osteoarthritis, there is no documentation of a formal diagnosis to require custom shoe wear. There is also no peer reviewed literature to support that custom shoe wear is superior to thin-soled flat walking shoes available in retail settings for the patient's diagnosis of knee osteoarthritis. Foot wear tends to be a subjective decision, and medical diagnosis is not the lone indicator of long-term benefit or outcome. Footwear is determined on the basis of individual preferences and comfort. Therefore, this request would not be supported as medically necessary.