

<b>Case Number:</b>	CM13-0059564		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/23/2000
<b>Decision Date:</b>	04/14/2014	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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:

This claimant is a 57-year-old gentleman who injured his low back on February 23, 2000. The clinical records provided for review revealed a progress report of October 31, 2013 documenting ongoing complaints of low back pain, the inability to ambulate or perform activities of daily living. It was documented that the claimant required assistance for all activities of daily living, and was utilizing a manual wheelchair and lumbar bracing. The documentation noted the claimant's diagnoses as lower extremity paralysis, wheelchair bound with weakness since 2005 related to a spinal cord injury. The progress report documented that a recent MRI dated August 16, 2013, demonstrated L3-4 disc desiccation with broad-based protrusion. The L4-5 showed a broad-based disc protrusion, and at L5-S1 there was a disc protrusion and facet arthropathy. Medications were once again recommended as well as multiple home-based modalities to include a front door and family room lift, five ramps, a walk-in tub, skilled nursing, a medical social worker evaluation, physical therapy, a motorized wheelchair, a motorized bed, the purchase of a back brace, the purchase of bilateral ankle-foot orthoses (AFOs), and the purchase of a transcutaneous electrical nerve stimulation (TENS) unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x3 for a total of 6 sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** Based on California MTUS Chronic Pain Medical Treatment 2009 Guidelines, continued physical therapy for 6 sessions would not be indicated. There is no documentation within the records provided for review to identify an acute need of physical therapy that would be of benefit that has already not been utilized in this individual who is essentially homebound and unable to perform activities of daily living. Given the claimant's current clinical presentation, time frame from injury, and sedentary state, the specific request would not be supported.

**Purchase of motorized wheelchair:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Policy Bulletins Number: 0543 Subject: Hospital Beds and Accessories Policy

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee procedure, Power mobility devices (PMDs)

**Decision rationale:** The CA MTUS and ACOEM Guidelines are silent. When looking at Official Disability Guidelines, the purchase of a motorized wheelchair would not be supported. Power mobility devices are not recommended if a functional mobility deficit can be sufficiently resolved with the prescription of a cane, walker, or manual powered wheelchair. While the claimant is noted to have lower extremity paralysis, there is no documentation that indicates that he is unable to use his arms/upper extremities or that family caregivers are unable to support the claimant with manual wheelchair use. The specific request in this case would not be indicated.

**Purchase of motorized bed:** 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) Updates: low back procedure, Mattress selection

**Decision rationale:** The CA MTUS and ACOEM Guidelines are silent. Official Disability Guidelines do not recommend the purchase of a motorized bed. Bed and sleeping equipment are ultimately personal preferences. Given the claimant's current clinical picture, the supportive role of a motorized bed would not be indicated with the clinical records available for review.

**Purchase of back brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 12 Low Back Complaints Page(s): 9, 298-301.

**Decision rationale:** Based on CA MTUS ACOEM 2004 Guidelines, the use of a back brace would not be indicated. Lumbar bracing is only utilized in the short term for acute injuries with documentation not demonstrating its efficacy in the long-term setting. Given that the claimant is 13 years from injury and documentation of essentially a sedentary state, the role of a back brace would not be supported or medically warranted.

**Purchase of bilateral lower extremities ankle foot orthoses devices (BLE AFO's):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Ankle & Foot Procedure Summary

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ankle procedure, Ankle foot orthoses (AFO)

**Decision rationale:** The CA MTUS and ACOEM Guidelines are silent. When looking at Official Disability Guidelines, the request for bilateral ankle-foot orthoses (AFOs) would not be indicated. Ankle-foot orthoses are recommended as an option for foot drop during the postsurgical or neurological recovery period. In this case, the claimant's 13-year injury does not demonstrate presence of foot drop or a true understanding of the claimant's paralysis not clearly defined by clinical examination findings within the records provided for review. The specific request for the dual ankle-foot orthoses at this stage in the claimant's chronic course of care would not be indicated.

**Purchase of home TENS unit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) / Transcutaneous electrotherapy Page(s): 114-.

**Decision rationale:** The CA MTUS Chronic Pain 2009 Guidelines do not support the role of a transcutaneous electrical nerve stimulation (TENS) device. The transcutaneous electrical nerve stimulation unit in this case would not provide clinical function in the chronic pain setting with absence of documentation of other forms of therapeutic modalities being rendered. There would currently be no indication for the acute role of this device in this claimant who is now 13 years

from injury. It would be unclear as to why the device would be utilized at this stage in the clinical course given the claimant's current clinical presentation.

**2 lifts: front door and family room:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Unicare Clinical UM Guideline Subject: Power Wheeled Mobility Assistive Devices

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

**Decision rationale:** The ACOEM Guidelines do not support the role of ramps or lifts. These ultimately would be considered personal lifestyle modifications. Given the claimant's current clinical presentation, there is no documentation for support of these structural home changes as medically necessary or reasonable given the claimant's work-related injury.

**5 ramps:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Unicare Clinical UM Guideline Subject: Power Wheeled Mobility Assistive Devices

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

**Decision rationale:** The ACOEM Guidelines do not support the request for 5 ramps or lifts. These ultimately would be considered personal lifestyle modifications. Given the claimant's current clinical presentation, there would be no documentation for support of these structural home changes as medically necessary or reasonable given the claimant's work-related injury.

**Walk-in-tub:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee procedure, Durable medical equipment (DME)

**Decision rationale:** The CA MTUS and ACOEM Guidelines are silent. Official Disability Guidelines do not recommend the role of a "walk-in tub." The records provided for review do not indicate why a walk-in tub would be medically necessary or reasonable given the claimant's current clinical presentation. The documentation does not provide the claimant's current level of paralysis or supported physical examination findings that would necessitate the role of this home modification. The specific request would not be supported.

**Skilled nurse visits 1 w 2 beginning 10/31/13: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

**Decision rationale:** Based on California MTUS Chronic Pain 2009 Guidelines, a home health assessment in this case with skilled nurse would not be supported as the defined role of the skilled nurse has not been established or identified in the records provided for review. It is unclear as to why skilled nursing would be indicated at this chronic stage in the claimant's course of care 13 plus years from time of injury with no acute understanding or documentation of acute change in condition, clinical findings or process that would need home health assistance.

**Medical social worker evaluation: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 Independent Medical Examinations and Consultations, page(s) 127

**Decision rationale:** California ACOEM 2004 Guidelines do not support the request for a social worker evaluation. First and foremost, it is unclear as to what role the social worker would add to the claimant's current clinical picture 13 plus years from the time of injury. There is limited documentation to determine the specific problem that would require social worker intervention or necessity at this point. The claimant's process appears to be chronic in nature with no current acute findings. The specific request in this case would not be indicated based upon the medical records provided for review.