

Case Number:	CM13-0067299		
Date Assigned:	05/14/2014	Date of Injury:	11/18/2002
Decision Date:	08/18/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/17/2013

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 medical reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in Texas and Oklahoma. The expert dental reviewer is Licensed in Dentistry and is licensed to practice in California. They have 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 reviewers 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:

Records reviewed reveal that this is a 68-year-old patient who sustained an injury on November 18, 2002. The patient was a supervisor who sustained an injury to the right shoulder left knee left ankle, right arm, head psyche, when the patient was involved in an automobile accident. Treating physician [REDACTED] is requesting Dental evaluation and Dental Implants due to dental decay on his report dated February 5, 2014. The injured worker is a 69-year-old male who reported an injury on November 18, 2002. The mechanism of injury involved a motor vehicle accident. Current diagnoses include post traumatic extrapyramidal Parkinson's syndrome and emotional lability, right shoulder and left elbow compensatory epicondylitis, post-traumatic dementia, status post left knee surgery on April 11, 2012, status post right knee arthroscopy on June 6, 2009, medication side effects, dental decay, disequilibrium, and severe OSA. The injured worker was evaluated on February 5, 2013 with complaints of difficulty sleeping as well as hip, knee, and foot complaints. Physical examination revealed increased right upper extremity tremor, increased tone, short-term memory loss, ataxia, moderate amount of head athetosis, appendicular chorea markedly increased on the right, and an unsightly forehead scar. Treatment recommendations at that time included a continuation of the current medication regimen, a followup visit with an orthopedic physician, a new electric wheelchair, neural patch 2 mg and 4 mg, a wheelchair lift, a weight loss program, a followup with a shoulder specialist, cognitive re-training treatment, multiple durable medical equipment items, a tilt table test, an audiology test, EMG and BSAER testing, balance evaluation and treatment, local driving, home health care, a nurse case manager, aquatic physical therapy, a dental evaluation, and a plastic surgery consultation for scar revision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuro Patch, 2mg and 4mg: Upheld

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

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3304686/> - Transdermal Patches for the Treatment of Neurologic Conditions in Elderly Patients.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The specific type of medication, frequency, and quantity were not listed in the request. Therefore, the request is not medically appropriate. As such, the request for Neuro Patch, 2mg and 4mg is not medically necessary or appropriate.

Wheelchair Lift Van: 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 Chapter, Durable Medical Equipment.

Decision rationale: The Official Disability Guidelines state, durable medical equipment is recommended if there is a medical need and the device or system meets Medicare's definition of durable medical equipment. 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. Therefore, the current request is not medically appropriate. The request for a wheelchair lift van is not medically necessary or appropriate.

Weight loss program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CMS 40.5 - Treatment of Obesity.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state functional restoration is an established treatment approach that aims to minimize the residual complaints and disability resulting from acute and/or chronic medical conditions. Independent self-management is the long-term goal of all forms of functional restoration. The principles of functional restoration apply to all conditions in general, and are not limited to injuries or pain. As per the clinical documentation submitted, there is no indication that this injured worker has tried and failed weight loss with diet and exercise prior to the request for a supervised weight loss program. The medical necessity for the requested service has not been established. The request for a weight loss program is not medically necessary or appropriate.

Follow-up with doctor for right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2008), Page 1019, Chapter 9, 557.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207.

Decision rationale: The Shoulder Complaints Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines state physician followup generally occurs when a release to modified, increased, or full duty is needed, or after appreciable healing or recovery can be expected. As per the documentation submitted for this review, there was no comprehensive physical examination of the right shoulder provided. Therefore, there is no documentation of a significant musculoskeletal or neurological deficit with regards to the right shoulder. The medical necessity for the requested followup visit has not been established. As such, the request for a follow-up with a doctor for the right shoulder is not medically necessary or appropriate.

Pride Lift Chair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/Pub06_PART_60.pdf - Durable Medical Equipment, Seat Lift.

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 Chapter, Durable Medical Equipment.

Decision rationale: The Official Disability Guidelines state, durable medical equipment is recommended if there is a medical need and the device or system meets Medicare's definition of durable medical equipment. 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.

Therefore, the current request is not medically appropriate. As such, the request for a pride lift chair is not medically necessary or appropriate.

Portable ramp for front entrance of house: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.cms.gov/Medicare/Coverage/DeterminationProcess/downloads/nbcald5a.odf> - III. Background: Framework for Coverage Page 8.

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 Chapter, Durable Medical Equipment.

Decision rationale: The Official Disability Guidelines state, durable medical equipment is recommended if there is a medical need and the device or system meets Medicare's definition of durable medical equipment. 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. Therefore, the current request is not medically appropriate. As such, the request for a portable ramp for the front entrance of house is not medically necessary or appropriate.

Truck hitch for shoulder and toilet: 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 Chapter, Durable Medical Equipment.

Decision rationale: The Official Disability Guidelines state, durable medical equipment is recommended if there is a medical need and the device or system meets Medicare's definition of durable medical equipment. 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. Therefore, the current request is not medically appropriate. As such, the request for a truck hitch for shoulder and toilet is not medically necessary or appropriate.

Cognitive retraining treatment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend cognitive behavioral therapy. The Chronic Pain Medical Treatment Guidelines utilize the ODG cognitive behavioral therapy guidelines for chronic pain, which allow for an initial trial of three to four visits over two weeks. The specific type of cognitive treatment was not listed. There was also no frequency or total duration of treatment listed in the request. As such, the request is for cognitive retraining treatment is not medically necessary or appropriate.

Tilt table test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://guidelines.gov/content.aspx?id=15946&search=tilt+table+test>.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The Cornerstones of Disability Prevention and Management Chapter of the ACOEM Practice Guidelines state, a number of functional assessment tools are available when reassessing function and functional recovery. The medical necessity for the requested testing has not been established. There is also no specific body part listed in the current request. Based on the lack of information provided, the request for a tilt table test is not medically necessary or appropriate.

Electronystagmography (ENG): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head (updated 11/18/13), Vestibular studies; and <http://www.ncbi.nlm.nih.gov/pubmed/7240913>, the evaluation of vertigo and the electronystagmogram.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Electrodiagnostic studies.

Decision rationale: The Official Disability Guidelines state, Electrodiagnostic Studies in the TBI patient may be indicated when there is suspected peripheral nervous system involvement, to differentiate peripheral versus central spinal cord or brain deficits, to compliment other imaging procedures such as CT, MRI, and/or myelography, and to provide useful correlative neuropathophysiologic information that is unattainable from standard radiologic studies. As per the documentation submitted, the injured worker is now greater than 12 years status post initial injury. There is no documentation of a significant change or progression of symptoms or physical examination findings that would warrant the need for electrodiagnostic testing. There is no indication as to how the results of the electrodiagnostic testing would alter the injured

worker's treatment at this time. The request for an ENG is not medically necessary or appropriate.

Brain stem Auditory Evoked Response (BAER): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head (updated 11/18/13), Electrodiagnostic studies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Electrodiagnostic studies.

Decision rationale: The Official Disability Guidelines state, Brain Stem Auditory Evoked Response (BSAER) may be used to assess damage to the brain stem, midbrain and other neural structures that govern hearing and/or balance. As per the documentation submitted, the injured worker does report dizziness. However, there is no documentation of a significant change or a progression of symptoms or physical examination findings that would warrant the need for the requested testing. There is no indication as to how the results of this test would alter the injured worker's treatment plan at this time. As the medical necessity has not been established, the request is non-certified.

Audiology: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head (updated 11/18/13), Audiometry.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The Cornerstones of Disability Prevention and Management Chapter of the ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, the injured worker does report symptoms of dizziness. However, there is no documentation of any orthostatic changes, nor a progression of symptoms or physical examination findings. The injured worker does not report decreased hearing, and there is no preliminary testing available indicating hearing loss. As the medical necessity has not been established, the request for audiology is not medically necessary or appropriate.

Balance evaluation and treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head (updated 11/18/13), Vestibular PT rehabilitation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The Cornerstones of Disability Prevention and Management Chapter of the ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, the injured worker does report dizziness. However, there is no documentation of any orthostatic changes, nor evidence of a significant change or progression of symptoms or physical examination findings. The current request for an evaluation and treatment cannot be determined as medically appropriate, as any treatment following an initial evaluation would require separate review. The request for a Balance evaluation and treatment is not medically necessary or appropriate.

Plastic Surgery to revise forehead scar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/16327568>, Reconstruction of major forehead soft tissue defects with adjacent tissue and minimal scar formation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, the injured worker maintains a scar on the forehead secondary to the motor vehicle accident. However, the proposed procedure would be considered cosmetic and is not medical necessary. The request for Plastic surgery to revise forehead scar is not medically necessary or appropriate.

Nurse Case Manager: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/9120655>.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The Cornerstones of Disability Prevention and Management Chapter of the ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, the injured worker maintains assistance from a case manager, who also presented to the physician appointment. It is unclear as to why the injured worker needs

continued case management at this time. The request for a nurse case manager is not medically necessary or appropriate.