

<b>Case Number:</b>	CM14-0001191		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	01/08/2003
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/03/2014

### 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 and is licensed to practice in Minnesota. 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 54-year-old female who reported an injury on 01/08/2003. The mechanism of injury was noted to be the injured worker's right heel of her shoe got caught in a crack in the concrete and she fell. The injured worker had an L4-5 anterior posterior fusion in 09/2012. The injured worker underwent a hardware block in 08/2013 with 50% relief. The injured worker underwent a removal of the pedicle screws and rod instrumentation at L4-5 with exploration of fusion and a revision refusion with synthetic bone graft material at L4-5 with a bilateral revision, decompression with L4-5 medial facetectomy, and L5 foraminotomy on 12/19/2013. The documentation of 12/02/2013 revealed the injured worker had neck pain radiating down to the bilateral upper extremities. The injured worker had decreased strength with shoulder abduction, elbow flexion, wrist extension, elbow extension, and finger abduction of 4/5 on the left. The injured worker had mild tenderness to palpation over the left side of her neck. Sensation was intact to light touch. However, it was noted to be slightly decreased over the ring and small fingers bilaterally. Diagnoses included status successful response to hardware block on 08/2013, status post L4-5 anterior posterior fusion in 09/2012, C5-6 disc degenerative and herniation with radiculopathy, and right SI joint dysfunction. The treatment plan included removal of the lumbar hardware and exploration of the fusion and a handicap placard. The injured worker indicated previously she had taken Depakote per her psychiatrist and the psychiatrist discontinued the Depakote. The injured worker indicated she had more pain and her pain management doctor suggested for her to go back on Depakote. The request for Depakote was made. It was further indicated the injured worker had 5 steps in her house and her husband was making ramps so she could use a walker as she gets to the stairs. The request was for authorization to build the ramp by Workers' Compensation. There was no DWC Form RFA submitted for the requested services.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **ABD BRACE- LEFT ARM: 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) Shoulder Chapter, Work

**Decision rationale:** The Official Disability Guidelines indicate that an abduction brace is appropriate when an injured worker is performing modified work or manual work. The clinical documentation submitted for review failed to indicate the injured worker was performing work. There was a lack of documented rationale and there was no DWC Form RFA nor a PR-2 submitted to indicate the date of request. Given the above, the request for ABD brace left arm is not medically necessary.

### **ELEVATED TOILET SEAT: 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, DME, BATHTUB SEATS

**Decision rationale:** The Official Disability Guidelines indicate that durable medical equipment is recommended if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment which includes: can withstand repeated use, is primarily and customarily used to serve a medical purpose, is generally not useful in the absence of illness or injury, and is appropriate for use in the patient's home. Certain durable medical equipment including raised toilet seats may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. The clinical documentation submitted for review failed to provide a documented rationale for the request. There is a lack of documentation indicating the necessity for an elevated toilet seat. Given the above, the request is not medically necessary.

### **FRONT WHEEL WALKER-LUMBAR SPINE: 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, Walking aids

**Decision rationale:** The Official Disability Guidelines indicate that disability, pain and age-related impairments determine the need for a walking aid. Additionally, the ODG indicate that framed or wheeled walkers are preferable for patients with bilateral disease. The clinical documentation submitted for review failed to indicate a documented rationale for the requested service. There was a lack of documentation indicating the injured worker had disability and impairments that would support the need for a walker. There was no DWC form RFA nor a PR-2 was submitted requesting the service. There was a lack of documentation indicating the injured worker would needed 2 types of walkers: a 2 wheeled and 4 wheeled with a seat. Given the above, and the lack of documented rationale, the request for a front wheeled walker is not medically necessary.

**ROLLATOR WITH CHAIR AND BRAKES:** 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, WALKING AIDS

**Decision rationale:** The Official Disability Guidelines indicate that disability, pain and age-related impairments determine the need for a walking aid. Additionally, they indicate that framed or wheeled walkers are preferable for patients with bilateral disease. The clinical documentation submitted for review failed to indicate a documented rationale for the requested service. There was a lack of documentation indicating the injured worker had disability and impairment that would support the need for a walker. There was no DWC form RFA nor a PR-2 was submitted requesting the service. There was a lack of documentation indicating the injured worker would needed 2 types of walkers: a 2 wheeled and 4 wheeled with a seat. Given the above, and the lack of documented rationale, the request for a rollator with chair and brakes is not medically necessary.

**SHOWER CHAIR WITH BACK SUPPORT:** 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, DME, BATHTUB SEATS

**Decision rationale:** The Official Disability Guidelines indicate that durable medical equipment is recommended if there is a medical need and if the device or system meets Medicare's

definition of durable medical equipment which includes: can withstand repeated use, is primarily and customarily used to serve a medical purpose, is generally not useful in the absence of illness or injury and is appropriate for use in the patient's home. It further indicates that bathtub seats are considered a comfort or convenience item; hygienic equipment is not primarily medical in nature. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. There was no rationale given for the requested service. Given the above, the request for a shower chair with back support is not medically necessary.

**DEPAKOTE- UNSPECIFIED STRENGTH AND QTY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , ANTIEPILEPSY DRUGS (AED), 16-19

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTIEPILEPTIC DRUGS Page(s): 16.

**Decision rationale:** The MTUS Chronic Pain Guidelines recommend antiepileptic medications as a first line option for the treatment of neuropathic pain. There should be documentation of an objective decrease in pain and an increase in objective functional improvement. The clinical documentation submitted for review indicated the injured worker had utilized the medication before and had pain since stopping the medication. However, there was a lack of documentation of an objective functional increase. The request as submitted failed to indicate the frequency, quantity, and strength of the medication. Given the above, the request for Depakote is not medically necessary and appropriate.