MAXIMUS Federal Services

Case Number:	CM14-0005215		
Date Assigned:	01/24/2014	Date of Injury:	08/23/2011
Decision Date:	06/20/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/13/2014

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 Occupational Medicine, 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 applicant is a represented [redacted] employee who has filed a claim for chronic knee and shoulder pain reportedly associated with an industrial injury of August 23, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; two prior knee surgeries; topical applications of heat and cold; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated December 12, 2013, the claims administrator denied a request for purchase of a continuous ice machine and also denied a continued motorized wheelchair. The applicant's attorney subsequently appealed. A November 18, 2013, progress note was notable for comments that the applicant reported persistent neck, shoulder, knee, and wrist pain. Authorization was sought for a continued usage of a motorized wheelchair. The applicant was having mobility deficits and was having issues with weightbearing secondary to her arthritic knee, it was stated. It was also stated that the applicant needed to use a continuous ice machine for three to six months and/or purchase of the same while her knee replacement surgery was pending. The applicant was described as status post knee arthroscopy. It was stated that the applicant had issues with knee pain, toe pain, and difficulty weightbearing secondary to arthritis about the knee. The applicant was reportedly having difficulty hoisting and lifting a wheelchair owing to issues with ongoing shoulder pain, it was stated, status post right and left shoulder surgeries.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUE ICE MACHINE X 3-6 MONTHS OR PREFERABLY PURCHASE (LEFT KNEE): 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 MTUS: ACOEM PRACTICE GUIDLEINES, CHAPTER 13, TABLE 13-3, PAGE 338

Decision rationale: As noted in the ACOEM Guidelines, simple, low-tech applications of heat and cold are recommended as part and parcel of self-care and symptom control for knee complaints. There is little or no support in the ACOEM Guidelines for the continuous ice machine being sought by the attending provider. It is further noted that the ODG states that continuous-cooling devices or ice machines are recommended as an option following a surgery but are not recommended for postsurgical treatment purposes. In this case, the applicant has no imminent plans to undergo a knee surgery, although it is stated that the applicant may consider a total knee arthroplasty at some point unspecified point in time in the future. Nevertheless, there is no support in ACOEM or ODG for usage of the ice machine in question for non-operative pain relief purposes for which it is being proposed here. Therefore, the request is not medically necessary.

CONTINUED MOTORIZED WHEEL CHAIR ACCESS OR PURCHASE X 1 YEAR (LEFT KNEE): Overturned

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 MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, POWER MOBILITY DEVICES TOPIC, PAGE 99

Decision rationale: As noted on page 99 of the MTUS Chronic Pain Guidelines, power mobility devices such as a wheelchair are not recommended if an applicant's functional mobility deficit can be resolved through usage of a manual wheelchair, cane, or walker. In this case, however, the applicant apparently has issues with bilateral shoulder pain status post left and right shoulder surgeries which are preventing the applicant from propelling a manual wheelchair. The applicant does have significant mobility issues associated with knee arthritis and is apparently having difficulty ambulating. Provision of a continued motorized wheelchair is therefore medically necessary and appropriate for this patient.