

Case Number:	CM14-0005294		
Date Assigned:	01/24/2014	Date of Injury:	03/19/2012
Decision Date:	06/12/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/14/2014

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 and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 43 year old male with a work injury dated 3/19/12. His diagnoses include traumatic left foot transmetatarsal amputation, status post amputation of the fourth and fifth rays on 3/22/12, status post debridement on 3/19/12 and 3/26/12, residual limb pain with likely distal neuroma, phantom limb pain, PTSD, depression and anxiety. There is a 12/3/13 office visit that states that the patient has ongoing left foot pain and symptoms of PTSD and excessive sweating. On examination he has new shoes with a neutral wide base that can accommodate his inserts. He is sensitive to light touch of the skin over the medial aspect of his foot which is in the distribution of the medial plantar nerve. The skin is well healed with excessive scarring and some discoloration. There is no skin breakdown. The treatment includes requests for an electric scooter due to difficulty with community ambulation. The provider states that the patient needs to be able to maintain some level of independence and improve his mood. There is discussion of a gait disturbance causing low back pain with a request for more chiropractic therapy. There is a request for home health services.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTRIC SCOOTER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices (PMDS) Page(s): 132. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices (PMDS) Page(s): 99.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that a power mobility device is not recommended if the functional mobility deficit can be sufficiently resolved by a prescription of a cane or walker, or the patient has sufficient upper extremity function to propel a manual wheelchair. The guidelines state that if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care. The documentation submitted do not reveal that the patient is not able to have functional mobility or does not have enough upper body strength to propel a manual wheelchair. The request for electric scooter is not medically necessary.

HOME HEALTH AIDE THREE (3) HOURS PER WEEK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: The guidelines recommend home health services for medical treatment for patients who are homebound. The documentation indicates that the patient is not home bound. The documentation submitted reveals notes from a certified nursing assistant from "Brightstar Healthcare" who performed laundry, kitchen cleaning services which is not considered medical are on dates documented as "11/6" and "10/30" (no year). There is no documentation of medical care provided by the home health service. The request for home health aide 3 hours per week is not medically necessary.