

Case Number:	CM14-0101753		
Date Assigned:	09/16/2014	Date of Injury:	11/14/1998
Decision Date:	10/29/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/01/2014

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 patient is a 41-year-old male who was injured on 11/14/1998 while a machine into his van. Prior medication history included Flonase, Provigil, spironolactone, hydrochlorothiazide, Spiriva, Pantoprazole, and Ambien. The patient underwent intrathecal pump implant on 07/11/2014. Progress report dated 09/09/2014 indicates the patient presented with complaints of low back and leg pain. The patient described the pain as constant and sharp radiating to the right lower extremity. According to the patient, he rated his pain 10/10 without medications and on average his pain is 7-10/10 with medications. The pain is made worse with increased activity and better with resting. The patient uses a wheelchair as an assistive device. Objective findings on exam revealed the patient was unable to perform heel-to-toe walk and is wearing bilaterally hip brace. Bilateral extremity flexors are 3/5. His left Achilles reflex is absent and left patellar deep tendon reflex is absent as well. Neurological examination revealed weakness in both legs and sensation is decreased at the right leg. The patient is diagnosed with chronic low back pain, lumbar radiculopathy on the right affecting multiple nerve roots, incomplete paraplegia. The request is for wheelchair lift, wheelchair ramp, chair lift and wheelchair access in multiple areas of the home. Prior utilization review dated 06/19/2014 states the request for Wheelchair access to bedroom, garage, and laundry; Wheelchair lift 1st-2nd floor; Chair lift for pool; Ramp for front door and ramp for rear sliding door; Carpet removal; Install hardwood floors is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wheelchair access to bedroom, garage and laundry: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Wheelchair, Power mobility devices, Immobilization, Walking aids, Knee brace

Decision rationale: MTUS guidelines do not specifically address this request. According to ODG guidelines, manual wheelchair is recommended "if the patient requires and will use a wheelchair to move around in their residence, and it is prescribed by a physician." With regard to power mobility devices, ODG guidelines state they are "not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient has sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair... Early exercise, mobilization and independence should be encouraged at all steps of the injury recovery process, and if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care..." With regard to immobilization, "immobilization and rest appear to be overused as treatment. Early mobilization benefits include earlier return to work; decreased pain, swelling, and stiffness; and a greater preserved range of joint motion, with no increased complications." This is a request for wheelchair access to bedroom, garage and laundry for a 41-year-old male injured on 11/14/98 with chronic low back pain status post L1-S1 fusion revision on 9/23/13. However, the patient is able to ambulate short distances (up to 300 feet) with a walker and leg orthoses. Further, the provided medical records do not clearly define the patient's functional deficits. It is unclear if the patient's bilateral leg weakness is due to deconditioning or neurologic deficit. It is not clear why the patient needs to use knee orthoses. Diagnostic studies are not provided. The patient's prognosis with regard to ambulation is not addressed other than mention of a therapy goal to walk with a cane. A nursing evaluation of the patient's need for home assistive devices recommended only wheelchair bathroom access and widened doors. The medical need for a wheelchair or wheelchair access to bedroom, garage and laundry in the home is not clearly established.

Wheelchair lift 1st-2nd floor: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Wheelchair, Power mobility devices, Immobilization, Walking aids, Knee brace

Decision rationale: MTUS guidelines do not specifically address this request. According to ODG guidelines, manual wheelchair is recommended "if the patient requires and will use a wheelchair to move around in their residence, and it is prescribed by a physician." With regard to power mobility devices, ODG guidelines state they are "not recommended if the functional

mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient has sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair... Early exercise, mobilization and independence should be encouraged at all steps of the injury recovery process, and if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care..." With regard to immobilization, "immobilization and rest appear to be overused as treatment. Early mobilization benefits include earlier return to work; decreased pain, swelling, and stiffness; and a greater preserved range of joint motion, with no increased complications." This is a request for wheelchair lift 1st-2nd floor for a 41-year-old male injured on 11/14/98 with chronic low back pain status post L1-S1 fusion revision on 9/23/13. However, the patient is able to ambulate short distances (up to 300 feet) with a walker and leg orthoses. Further, the provided medical records do not clearly define the patient's functional deficits. It is unclear if the patient's bilateral leg weakness is due to deconditioning or neurologic deficit. It is not clear why the patient needs to use knee orthoses. Diagnostic studies are not provided. The patient's prognosis with regard to ambulation is not addressed other than mention of a therapy goal to walk with a cane. A nursing evaluation of the patient's need for home assistive devices recommended only wheelchair bathroom access and widened doors. The medical need for a wheelchair or wheelchair lift 1st-2nd floor is not clearly established.

Chair lift for pool: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Wheelchair, Power mobility devices, Immobilization, Walking aids, Knee brace

Decision rationale: MTUS guidelines do not specifically address this request. According to ODG guidelines, manual wheelchair is recommended "if the patient requires and will use a wheelchair to move around in their residence, and it is prescribed by a physician." With regard to power mobility devices, ODG guidelines state they are "not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient has sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair... Early exercise, mobilization and independence should be encouraged at all steps of the injury recovery process, and if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care..." With regard to immobilization, "immobilization and rest appear to be overused as treatment. Early mobilization benefits include earlier return to work; decreased pain, swelling, and stiffness; and a greater preserved range of joint motion, with no increased complications." This is a request for chair lift for pool for a 41-year-old male injured on 11/14/98 with chronic low back pain status post L1-S1 fusion revision on 9/23/13. However, the patient is able to ambulate short distances (up to 300 feet) with a walker and leg orthoses. Further, the provided medical records do not clearly define the patient's functional deficits. It is unclear if the patient's bilateral leg weakness is due to deconditioning or neurologic deficit. It is not clear why the patient needs to use knee orthoses. Diagnostic studies are not provided. The patient's

prognosis with regard to ambulation is not addressed other than mention of a therapy goal to walk with a cane. A nursing evaluation of the patient's need for home assistive devices recommended only wheelchair bathroom access and widened doors. The medical need for a wheelchair or chair lift for pool is not clearly established.

Ramp for front door and ramp for rear sliding door: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Wheelchair, Power mobility devices, Immobilization, Walking aids, Knee brace

Decision rationale: MTUS guidelines do not specifically address this request. According to ODG guidelines, manual wheelchair is recommended "if the patient requires and will use a wheelchair to move around in their residence, and it is prescribed by a physician." With regard to power mobility devices, ODG guidelines state they are "not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient has sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair... Early exercise, mobilization and independence should be encouraged at all steps of the injury recovery process, and if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care..." With regard to immobilization, "immobilization and rest appear to be overused as treatment. Early mobilization benefits include earlier return to work; decreased pain, swelling, and stiffness; and a greater preserved range of joint motion, with no increased complications." This is a request for ramp for front door and ramp for rear sliding door for a 41-year-old male injured on 11/14/98 with chronic low back pain status post L1-S1 fusion revision on 9/23/13. However, the patient is able to ambulate short distances (up to 300 feet) with a walker and leg orthoses. Further, the provided medical records do not clearly define the patient's functional deficits. It is unclear if the patient's bilateral leg weakness is due to deconditioning or neurologic deficit. It is not clear why the patient needs to use knee orthoses. Diagnostic studies are not provided. The patient's prognosis with regard to ambulation is not addressed other than mention of a therapy goal to walk with a cane. A nursing evaluation of the patient's need for home assistive devices recommended only wheelchair bathroom access and widened doors. The medical need for a wheelchair or ramp for front door and ramp for rear sliding door is not clearly established.

Carpet removal: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Wheelchair, Power mobility devices, Immobilization, Walking aids, Knee brace

Decision rationale: MTUS guidelines do not specifically address this request. According to ODG guidelines, manual wheelchair is recommended "if the patient requires and will use a wheelchair to move around in their residence, and it is prescribed by a physician." With regard to power mobility devices, ODG guidelines state they are "not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient has sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair... Early exercise, mobilization and independence should be encouraged at all steps of the injury recovery process, and if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care..." With regard to immobilization, "immobilization and rest appear to be overused as treatment. Early mobilization benefits include earlier return to work; decreased pain, swelling, and stiffness; and a greater preserved range of joint motion, with no increased complications." This is a request for carpet removal for a 41-year-old male injured on 11/14/98 with chronic low back pain status post L1-S1 fusion revision on 9/23/13. However, the patient is able to ambulate short distances with a walker and leg orthoses. Further, the provided medical records do not clearly define the patient's functional deficits. It is unclear if the patient's leg weakness is due to deconditioning or neurologic deficit. It is not clear why the patient needs to use leg orthoses. Diagnostics are not provided. The patient's prognosis with regard to ambulation is not addressed. A professional evaluation of the patient's need for home assistive devices or interventions is not provided. The medical need for a wheelchair or carpet removal in the home is not clearly established.

Install hardwood floors: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Wheelchair, Power mobility devices, Immobilization, Walking aids, Knee brace

Decision rationale: MTUS guidelines do not specifically address this request. According to ODG guidelines, manual wheelchair is recommended "if the patient requires and will use a wheelchair to move around in their residence, and it is prescribed by a physician." With regard to power mobility devices, ODG guidelines state they are "not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient has sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair... Early exercise, mobilization and independence should be encouraged at all steps of the injury recovery process, and if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care..." With regard to immobilization, "immobilization and rest appear to be overused as treatment. Early mobilization benefits include earlier return to work; decreased pain, swelling, and stiffness; and a greater preserved range of joint motion, with no increased complications." This is a request for install hardwood floors for a 41-year-old male injured on 11/14/98 with chronic low back pain status post L1-S1 fusion revision on 9/23/13. However, the

patient is able to ambulate short distances with a walker and leg orthoses. Further, the provided medical records do not clearly define the patient's functional deficits. It is unclear if the patient's leg weakness is due to deconditioning or neurologic deficit. It is not clear why the patient needs to use leg orthoses. Diagnostics are not provided. The patient's prognosis with regard to ambulation is not addressed. A professional evaluation of the patient's need for home assistive devices or interventions is not provided. The medical need for a wheelchair or install hardwood floors in the home is not clearly established.