

Case Number:	CM14-0107886		
Date Assigned:	08/01/2014	Date of Injury:	04/23/2001
Decision Date:	09/23/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/11/2014

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 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 injured worker is a 62-year-old female with a reported injury on 04/23/2001. The mechanism of injury was not provided. Her diagnoses included pain disorder with strong agoraphobic features, pain disorder associated with both psychological factors and general medical conditions, industrial post head trauma, lumbar protruding disc syndrome, lower extremity radiculopathy, status postindustrial surgery left ulnar transposition and left trigger thumb release, nonindustrial bilateral carpal tunnel syndrome, and continuing fall injuries. Her previous treatments included physical therapy, occupational therapy, the use of a TENS unit, knee and back brace, home exercise program, lumbar spine corset, elbow hinge split, wheelchair, and medications. The injured worker had an examination of 06/19/2014, which the examination is very difficult to read, but it is noted that she was complaining of her left elbow being stiff and weak. Her motor strength was a 3/5. There is a lack of documentation and evidence in the examination that that the injured worker had severe functional deficits. The list of medications consisted of Klonopin, Celexa, and Zyprexa. The recommended plan of treatment was to request for an orthopedic wheelchair, request for air conditioning in her home, and to suggest a [REDACTED] membership. The Request for Authorization was signed and dated on 06/19/2014. The rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME Orthopedic wheelchair QTY 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg, wheelchair.

Decision rationale: The request for the DME Orthopedic wheelchair QTY 1.00 is not medically necessary. The California MTUS/ACOEM Guidelines do not address this issue. The Official Disability Guidelines recommend a wheelchair if the injured worker requires and will use a wheelchair to move around in their residence. There is a lack of medical evidence provided for the necessity of a wheelchair. The injured worker already states that she does have a wheelchair and a power wheelchair that is used for long distances. The examination did not show functional deficits of the lower extremities that would require the injured worker to be in an orthopedic wheelchair. The clinical information fails to meet the evidence based guidelines for the request. Therefore, the request for the DME Orthopedic wheelchair QTY 1.00 is not medically necessary.

pool and gym membership: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical therapy, gym membership.

Decision rationale: The request for pool and gym membership is not medically necessary. The California MTUS/ACOEM Guidelines do not address this request. The Official Disability Guidelines do not recommend gym memberships as a medical prescription, unless there is documented home exercise program with periodic assessment and revision that has not been effective, and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. The injured worker has not had evidence of effective home based program or any periodic assessments or revisions that have not been effective.; there was no mention of a need for special equipment. There is a lack of evidence of the medical necessity of a gym membership. The clinical information fails to meet the evidence based guidelines for the request. Therefore, the request for pool and gym membership is not medically necessary.

Air conditioning for new/remodeled house: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (DME).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee and leg, durable medical equipment.

Decision rationale: The request for Air conditioning for new/remodeled house is not medically necessary. The California MTUS/ACOEM Guidelines do not address this request. The Official Disability Guidelines state that 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. There is a lack of evidence that the injured worker's environment is to help her prevent her injury and there is a lack of evidence to support the need for air conditioning in a new remodeled house. The clinical information fails to meet the evidence based guidelines for the request. Therefore, the request for Air conditioning for new/remodeled house is not medically necessary.