

Case Number:	CM14-0013814		
Date Assigned:	02/26/2014	Date of Injury:	10/28/2008
Decision Date:	07/18/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/03/2014

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 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 57-year-old who has filed a claim for lumbar degenerative disc disease associated with an industrial injury date of October 28, 2008. Review of progress notes indicates worsening pain in the neck radiating down the mid back into the low back; low back pain radiating to the right more than the left lower extremity; burning, aching-type pain in the anterior right leg with a stabbing pain in the right ankle; numbness of bilateral feet and right arm; and bowel and bladder incontinence. Patient reports frequent falls, and difficulty getting in and out of the bathtub. Findings include pitting edema in the right lower extremity, extremely limited lumbar range of motion due to pain, decreased lower extremity motor strength bilaterally, decreased sensation of bilateral feet and right arm, and tenderness and swelling of the right knee. Patient uses a wheeled-walker and ambulates in a very stopped, forward-flexed position with an antalgic gait. Treatment to date has included opioids, Lyrica, Lidoderm, injections to the knee and low back, right knee bracing, lumbar support, physical therapy, spinal cord stimulation, and low back surgeries in 2010 and 2011. Utilization review from January 28, 2014 denied the requests for right knee cortisone injection with orthopedist as there is no documentation of improvement from previous injections; sliding board device for entering/exiting the bathtub and hand held shower head as these equipment are not primarily medical in nature; and large heating pad for the right knee and back area with automatic turn off as the medical necessity of these have not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE RIGHT KNEE CORTISONE INJECTION WITH ORTHOPEDIST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee And Leg (Acute and Chronic) Chapter, Corticosteroid Injections.

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 CHAPTER, CORTICOSTEROID INJECTIONS.

Decision rationale: Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, intraarticular glucocorticosteroid injections are indicated in cases with documented symptomatic severe osteoarthritis - at least 5 of the following: bony enlargement, bony tenderness, crepitus on active motion, ESR < 40mm/hr, < 30 minutes of morning stiffness, no palpable warmth of synovium, > 50 years of age, RF less than 1:40 titer, and normal synovial fluid - not controlled adequately by conservative treatments. A second injection is not recommended if the first has resulted in complete resolution of symptoms, or if there has been no response. In this case, there is no documentation regarding the results of previous injections to the knee. Also, documentation does not indicate findings as enumerated above to support the presence of severe osteoarthritis. The request for one right knee cortisone injection with orthopedic is not medically necessary or appropriate.

ONE SLIDING BOARD DEVICE FOR ENTERING/EXITING THE BATH TUB: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee And Leg (Acute and Chronic) Chapter.

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 CHAPTER, DURABLE MEDICAL EQUIPMENT.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, durable medical equipment are recommended if there is a medical need. Most bathroom and toilet supplies do not serve a medical purpose and are primarily used for convenience in the home. In this case, the patient reports difficulty getting in and out of the bathtub. However, the medical necessity of a sliding board has not been established. The request for one sliding board device for entering/exiting the bath tub is not medically necessary or appropriate.

ONE LARGE HEATING PAD FOR THE RIGHT KNEE WITH AUTOMATIC TURN OFF: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Cold/Heat Packs.

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 CHAPTER, COLD/HEAT PACKS.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, cold/heat packs are recommended. However, there is no documentation as to why a heating pad with automatic turn off versus a normal heat pack is necessary. The request for one large heating pad for the right knee with automatic turn off is not medically necessary or appropriate.

ONE LARGE HEATING PAD FOR THE BACK AREA WITH AUTOMATIC TURN OFF: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Cold/Heat Packs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK CHAPTER, COLD/HEAT PACKS.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. ODG low back chapter states that cold/hot packs are recommended as an option for acute pain. However, there is no documentation of acute exacerbation of low back pain. The request for one large heating pad for the back area with automatic turn off is not medically necessary or appropriate.

ONE HAND HELD SHOWER HEAD: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee And Leg (Acute and Chronic) Chapter.

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 CHAPTER, DURABLE MEDICAL EQUIPMENT.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, durable medical equipment are

recommended if there is a medical need. Most bathroom and toilet supplies do not serve a medical purpose and are primarily used for convenience in the home. There is no documentation providing the rationale for this request. The request for one hand held shower head is not medically necessary or appropriate.