

Case Number:	CM14-0132236		
Date Assigned:	08/29/2014	Date of Injury:	11/20/1988
Decision Date:	10/14/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/18/2014

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 paraplegia reportedly associated with an industrial injury of November 20, 1988. Thus far, the applicant has been treated with the following: A wheelchair; reported diagnosis of paraplegia; blood pressure lowering medication; and debridement of various lower extremity wounds. In an August 14, 2014 progress note, the claims administrator approved a request for a wheelchair frame but denied a request for power wheelchair with gel foam cushion, denied a request for vitamin C, denied a request for zinc sulfate, and approved a request for Zestril. The claims administrator did state that the applicant had developed decubitus ulcers associated with immobility. The applicant's attorney appealed the partial certification and denials. In a progress note dated August 8, 2014, the applicant presented with a T7 complete spinal cord injury resulting in paraplegia. The applicant had developed a decubitus ulcer. The applicant stated that his wheelchair was wearing unevenly. The attending provider stated that the applicant's DME vendor felt that the wheelchair was dilapidated and therefore needed to be replaced. The applicant was reportedly spending 18 hours a day in his power wheelchair. The applicant was using Baclofen, Lopressor, Zestril, Lexapro, and DHEA, it was stated. A sacral decubitus ulcer was appreciated. Multiple medications were renewed, including Zestril and Lopressor. The applicant received local wound care. A new motorized wheelchair with gel cushion was endorsed. In an earlier note dated November 1, 2013, the attending provider did seek authorization for replacement of bed and mattress.

IMR ISSUES, DECISIONS AND RATIONALES

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

Power wheelchair w/gel foam cushion tilt in space - pressure mapping: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline Power Mobility Devices (PMD)

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

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines states that power mobility devices such as the power wheelchair at issue are not recommended if an applicant's functional mobility deficit is such that it can sufficiently resolve through usage of a cane, walker, and/or manual wheelchair, in this case, however, the applicant is paraplegic. The applicant has a complete spinal cord injury at the level of T8. The applicant's previous power wheelchair has apparently broken down, his attending provider and/or DME vendor claimed. Provision of a replacement wheelchair is therefore indicated. Accordingly, Power wheelchair w/gel foam cushion tilt in space - pressure mapping is medically necessary is medically necessary.

Vitamin C 500mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI) Pressure Ulcer and Treatment Protocol Health Care Protocol Bloomington (MN): Institute for Clinical Systems Improvement 2012 Jan. 88 p 112 references

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, Prevention topic Page(s): 38. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Vitamins section.

Decision rationale: While page 38 of the MTUS Chronic Pain Medical Treatment Guidelines suggests that vitamin C can be employed to prevent CRPS-1 in applicants who develop fractures, in this case, however, no rationale for selection and/or ongoing usage of vitamin C was proffered. It was not clearly stated why vitamin C was being employed. It did not appear that the applicant had developed any recent fracture and/or the attending provider was intent on employing vitamin C for CRPS prevention purposes. As further noted in the Third Edition ACOEM Guidelines, Chronic Pain Chapter, vitamins are not recommended in the treatment of chronic pain absent documented nutritional deficit states. In this case, there is no evidence that the applicant was or is vitamin C deficient. Therefore, Vitamin C 500mg #60 is not medically necessary.

Zinc sulfate 220 mg #10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement

(ICSI) Pressure Ulcer and Treatment Protocol Health Care Protocol Bloomington (MN): Institute for Clinical Systems Improvement 2012 Jan. 88 p 112 references

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Vitamins section.

Decision rationale: The MTUS does not address the topic of zinc, a vitamin/nutritional supplement. As noted in the Third Edition ACOEM Guidelines Chronic Pain Chapter, vitamins are not recommended in the treatment of chronic pain absent documented nutritional deficit or nutritional deficit state. In this case, there is no evidence that the applicant has any kind of bona fide zinc deficiency. Therefore, Zinc sulfate 220 mg #10 is not medically necessary.