

Case Number:	CM14-0133277		
Date Assigned:	08/22/2014	Date of Injury:	08/05/2003
Decision Date:	09/26/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/20/2014

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 and is licensed to practice in Illinois. 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 57-year-old female who reported an injury due to a slip and fall on 08/05/2008. On 07/23/2014, her diagnoses included impingement syndrome of the right shoulder status post decompression and distal clavicle excision, compensational problems with the left shoulder, carpal tunnel syndrome bilateral status post decompression, wrist inflammation on the right status post arthroscopy with grade II to grade III chondromalacia which was being aggravated by gripping and using a cane, wrist joint inflammation of the left and CMC joint inflammation on the left, also related to the use of a cane, trochanteric bursitis on the right treated with injections and subsequent fall involving the left elbow and left hip, discogenic lumbar condition with radiculitis, internal derangement of right knee status post 2 arthroscopies with chondromalacia noted and meniscectomy done, internal derangement of the knee on the left treated conservatively and elements of depression, sleep disorder, anxiety, weight gain over 100 pounds, constipation and GI irritation. The progress notes state that this worker received a prescription for an electric scooter which she submitted through her primary care physician. It was also noted that she has access to a shower chair. The treatment plan included a request for a total knee replacement on the right. On 06/11/2014, the treatment plan noted that this worker had a rollator that was old and wobbled and did not provide a secure support, thus, the request a new sit down walker. There was no other mention of durable medical equipment. No documentation was submitted that the requested total knee replacement had ever taken place. There was no rationale for any of the other requests or request for authorization included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain catheter qty 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable drug-delivery systems (IDDSs) Page(s): 52-54.

Decision rationale: The MTUS Chronic Pain Guidelines recommend implantable drug delivery systems only as an end stage treatment alternative for selected patients for specific conditions and only after failure of at least 6 months of less invasive methods. Although IDDS may be appropriate in selected cases of chronic severe low back pain or failed back syndrome, this treatment should only be used relatively late in the treatment continuum, when there is little hope for effective management of chronic intractable pain from other therapies. Implantable drug delivery systems are considered medically necessary for the treatment of primary liver cancer, metastatic colorectal cancer, head/neck cancers, and severe refractory spasticity of cerebral or spinal cord in patients who are unresponsive or cannot tolerate oral Baclofen. This worker meets none of the above indicators for use of an implantable drug delivery system. The need for a pain catheter has not been clearly demonstrated in the submitted documentation. Therefore, this request for pain catheter qty 1 is not medically necessary.

Bed side commode qty 1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Durable medical equipment (DME).

Decision rationale: In the Official Disability Guidelines, durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of DME, defined as equipment which can withstand repeated use for example could normally be rented and used by successive patients and is primarily and customarily used to serve a medical purpose. Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. The clinical information submitted failed to meet the evidence based guidelines for durable medical equipment. Therefore, this request for bed side commode qty 1 is not medically necessary.

Commode Elevated seat qty 1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Durable medical equipment (DME).

Decision rationale: In the Official Disability Guidelines, durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of DME, defined as equipment which can withstand repeated use for example could normally be rented and used by successive patients. Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. The clinical information submitted failed to meet the evidence based guidelines for durable medical equipment. Therefore, this request for commode elevated seat qty 1 is not medically necessary.

Shower chair qty 1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Durable medical equipment (DME).

Decision rationale: In the Official Disability Guidelines, durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of DME, defined as equipment which can withstand repeated use for example could normally be rented and used by successive patients. Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. The clinical information submitted failed to meet the evidence based guidelines for durable medical equipment. Therefore, this request for shower chair qty 1 is not medically necessary.

Walker qty 1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Durable medical equipment (DME).

Decision rationale: Per the Official Disability Guidelines, durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of DME, defined as equipment which can withstand repeated use for example could normally be rented and used by successive patients. It was noted in the submitted documentation that a request for an electric scooter had been submitted to her primary care physician. Additionally, her diagnosis included wrist inflammation bilaterally from using a cane. Use of a walker could exacerbate that situation. Additionally, there was no indication that this requested walker was rental item. Therefore, this request for walker qty 1 is not medically necessary.

Thigh High stocking qty 1: Upheld

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

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

Decision rationale: Per the Official Disability Guidelines, compression garments are recommended. Good evidence for the use of compression is available but little is known about dosimetry in compression, for how long and at what level compression should be applied. Low levels of compression that is 10 to 30 mmHg applied by stockings are effective in the management of telangiectases after sclerotherapy, varicose veins in pregnancy, the prevention of edema and deep vein thrombosis. There is no indication that this worker had sclerotherapy, is pregnant with varicose veins or is in a risk category for edema and deep vein thrombosis. The need for compression garments has not been clearly demonstrated in the submitted documentation. Therefore, this request for thigh high stocking qty 1 is not medically necessary.

Post operative brace qty 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340.

Decision rationale: The ACOEM Guidelines recommend a knee brace can be used for patellar instability, anterior cruciate ligament tear or medial collateral ligament instability, although its benefits may be more emotional than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. Additionally, there was no submitted documentation that any surgery had taken place. Furthermore, the body part to which the brace was to have been applied was not specified in the request. Furthermore, the request did not specify whether the requested brace was custom-made or pre-fabricated. Therefore, this request for postoperative brace qty 1 is not medically necessary.

Crutches qty 1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Durable medical equipment (DME).

Decision rationale: In the Official Disability Guidelines, durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of DME, defined as equipment which can withstand repeated use for example could normally be rented and used by successive patients and is primarily and customarily used to serve a medical purpose. It was documented that an electric scooter had been requested through this worker's primary care physician. Additionally, her diagnoses included wrist tenderness and joint inflammation due to the use of a cane. The use of a crutch would not ameliorate that condition. Additionally, the request did not specify whether it was for a single crutch or a pair of crutches. Furthermore, the request did not specify whether this was an item to be purchased or rented. Therefore, this request for crutches qty 1 is not medically necessary.

Continuous Passive Motion machine unit qty 1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Continuous passive motion (CPM).

Decision rationale: The Official Disability Guidelines recommend continuous passive motion for the knee for in-hospital use or for home use in patients at risk of a stiff knee, based on demonstrated compliance and measured improvements, but the beneficial effects over regular physical therapy may be small. Routine home use of CPM has minimal benefit. Although research suggests that CPM should be implemented in the first rehabilitation phase after surgery, there is substantial debate about the duration of each session and the total period of CPM application. There is no evidence in the submitted documentation that this worker ever underwent a surgical procedure of her knee. Additionally, there was no timeframe referenced with the request. Furthermore, the request did not state whether this was to be a rental or purchase item. The clinical information submitted failed to meet the evidence based guidelines for continuous passive motion. Therefore, this request for continuous passive motion machine unit qty 1 is not medically necessary.

Hospital bed rental x1 month: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Durable medical equipment (DME).

Decision rationale: In the Official Disability Guidelines, durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of DME, defined as equipment which can withstand repeated use for example could

normally be rented and used by successive patients and is primarily and customarily used to serve a medical purpose. There was no evidence in the submitted documentation that this worker's personal bed was inadequate for her needs. As noted previously, there was no indication that this worker had undergone any type of surgical procedure requiring durable medical equipment. The need for a hospital bed has not clearly been demonstrated in the submitted documentation. Therefore, this request for hospital bed rental x1 month is not medically necessary.