

Case Number:	CM14-0185907		
Date Assigned:	11/13/2014	Date of Injury:	05/07/1999
Decision Date:	12/23/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/07/2014

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 Orthopedic Surgery and is licensed to practice in Minnesota. 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 61 year old male injured on 5/7/1999. He has had 14 surgical procedures on the right knee, the most recent being a two stage revision total knee arthroplasty for MRSA infection with progressive improvement. He underwent a right carpal tunnel release on 9/29/2014 with a good result. Other issues include obesity, lumbar spondylosis S/P L4-5 and L5-S1 laminotomies (4/26/12), right peroneal nerve entrapment, right greater than left carpal tunnel syndrome, history of left clavicle fracture and rotator cuff tendinitis, cervical spondylosis, and remote history of a left unicompartmental knee arthroplasty. He uses a TENS unit and medications including gabapentin, Norco, and Butrans patches for pain control. His knee pain has improved since the last revision arthroplasty and he ambulates with a cane. He can walk 15 minutes at a time now compared to 5 minutes before the revision surgery for MRSA infection. The 2 stage procedure was successful and there is no evidence of infection at this time. The disputed issues pertain to a request for a replacement motorized scooter, 6 water therapy sessions, and a prescription for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Replacement of Motorized Scooter: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices (PMDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices Page(s): 99.

Decision rationale: A motorized scooter is not recommended per chronic pain guidelines if the functional mobility deficit can be resolved by use of a cane or walker. The last progress note indicates that the worker is improving with regard to his revision total knee arthroplasty and is ambulating with a cane. His tolerance is also improving and he can walk for 15 minutes at a time. The UR has approved a manual wheelchair. Therefore the request for a replacement motorized scooter is not medically necessary per guidelines.

6 Sessions of Water Therapy: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22,99.

Decision rationale: Aquatic therapy is recommended as an optional form of exercise therapy as an alternative to land based physical therapy where reduced weight bearing is desirable such as in obese individuals. The worker is overweight and a trial of 4 visits was approved by UR. Physical medicine guidelines allow for fading of treatment frequency plus an active self-directed home exercise program. The physical therapy guidelines allow fading of 8-10 visits over 4 weeks for neuralgia, neuritis, and radiculitis. Therefore the requested total of 6 sessions of aquatic therapy is within guidelines and is medically necessary.

Norco 10/325mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of medications-opioids Page(s): 124.

Decision rationale: The documentation indicates weaning of Norco and modification of the prescription to 45 the last time and 37 this time. Weaning is in accordance with the guidelines. The request for additional Norco 10/325 #120 is not supported by guidelines and is not medically necessary.