

Case Number:	CM14-0027243		
Date Assigned:	06/13/2014	Date of Injury:	07/22/2008
Decision Date:	07/16/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/04/2014

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 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 52-year-old gentleman who was reportedly injured on July 22, 2008. The mechanism of injury is not listed in the records reviewed. The most recent progress note dated March 21, 2014 indicates that there are ongoing complaints of upper extremity pain and numbness and tingling in the hands as well as left knee pain. There was no physical examination performed on this date. Diagnoses included status post right carpal tunnel release with persistent numbness and tingling, gouty arthritis, depression secondary to chronic pain, and insomnia due to chronic pain. A previous note dated February 19, 2014 includes a diagnosis of chronic left knee pain, right knee pain, and left shoulder pain. A request had been made for an electric scooter, Norco, and Ultracet and was not certified in the pre-authorization process on February 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTRIC SCOOTER: 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).

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

Decision rationale: According to the medical records provided the injured employee is ambulating with the assistance of a walker and has had some episodes of falling. It is unclear from the records provided if these falls were due to issues with the brain or the right upper extremity. Nonetheless the Official Disability Guidelines recommends the use of a manual wheelchair at the injured employee has sufficient upper extremity function use one. There is no documentation in the medical record that states a manual wheelchair cannot be used. Therefore this request for an electric scooter not medically necessary.

NORCO 10/325 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009).

Decision rationale: According to the medical records provided the injured employee has been using Norco for at least one year's time. There is no documentation of an objective improvement in the ability to function, decrease pain, and increased ability to perform activities of daily living due to the use of this medication. The efficacy of Norco should be documented prior to continuing this medication this request for Norco is not medically necessary.

ULTRACET 37.5/325 MG #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009).

Decision rationale: According to the medical records provided the injured employee has been using Norco for at least one year's time. There is no documentation of an objective improvement in the ability to function, decrease pain, and increased ability to perform activities of daily living due to the use of this medication. The efficacy of Norco should be documented prior to continuing this medication this request for Norco is not medically necessary.