

Case Number:	CM14-0045967		
Date Assigned:	07/02/2014	Date of Injury:	11/21/2002
Decision Date:	08/22/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/14/2014

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 Family Practice 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 42 year old woman with a date of injury of 8/25/09. She was seen by her physician on 2/6/14 with complaints of depression, anxiety, right shoulder pain, neck pain and right arm numbness. She had a history of anterior cervical discectomy and radiofrequency ablation for facet arthropathy. Her condition was said to be unchanged. Her right shoulder showed positive impingement test and normal range of motion. She had pain with palpation of her AC joint. Her right elbow exam was normal. She had tenderness with palpation of the right paracervical and trapezius muscle and to the medial scapular border with spasm and guarding. Her reflexes were 2+ bilaterally. Her diagnoses included cervicalgia, right shoulder Acromioclavicular (AC) joint arthrosis with impingement, right shoulder rotator cuff tendinopathy and right shoulder pain. She was receiving physical therapy. At issue in this review is the prescription for lyrica. Length of prior therapy is not documented nor is whether this was a new medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motorized personal scooter: Upheld

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

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

Decision rationale: According to the MTUS guidelines, powered mobility devices are not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient has sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair. In this case there was no documentation that the claimant cannot mobilize using the above manual methods. Therefore the use of a motorized wheelchair is not medically necessary.

Physical therapy two (2) times weekly for four (4) weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: According to the ACOEM guidelines, physical therapy is indicated for initial management, and evaluation for home exercise. The claimant had already undergone therapy around the time of injury and after surgery. According to the MTUS guidelines 8 to 10 visits over four weeks are recommended for neuralgia and radiculitis. The claimant had already undergone prior therapy. There's no indication that continued therapy cannot be done on a home basis. The request for eight additional therapy visits is not medically necessary.