

Case Number:	CM14-0058819		
Date Assigned:	07/09/2014	Date of Injury:	03/02/2001
Decision Date:	09/10/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/29/2014

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 chronic neck and bilateral knee pain reportedly associated with an industrial injury of March 2, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier cervical discectomy and fusion surgery; and unspecified amounts of physical therapy over the life of the claim. The applicant's case and care were, it is incidentally noted, reported complicated by diabetes and severe obesity. In a Utilization Review Report dated April 4, 2014, the claims administrator partially certified a request for Voltaren gel while denying a request for a recliner with a seat lift. In its Utilization Review Report, the claims administrator stated that the applicant had difficulty rising from a seated position owing to knee pain and obesity. The applicant reportedly stood 5 feet 6 inches tall and 317 pounds, the claims administrator reported. In a May 28, 2013 progress note, the applicant presented with persistent complaints of knee pain. The applicant stood 5 feet 6 inches tall and weighed 318 pounds. Low back pain and bilateral knee pain were appreciated. Tramadol was endorsed. The applicant's work status was not stated. On November 14, 2013, the applicant was described as having difficulty losing weight. The applicant was ambulating with the aid of a rolling walker. The applicant was given diagnoses of chronic neck pain, morbid obesity, and advanced knee arthritis. Weight loss, dieting, and a replacement walker were endorsed. On March 11, 2014, the applicant again presented with persistent complaints of knee and neck pain. The applicant is having difficulty performing any activities due to her knee pain. Ultram and topical Voltaren gel were endorsed. A recliner with a seat lift was sought. The applicant's work status was not furnished, although it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel for bilateral knees, five (5) pack with two (2) refills: Overturned

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 Topical Voltaren/Diclofenac section Page(s): 112.

Decision rationale: The request in question represents a first-time request for the same. As noted on page 112 in the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren/diclofenac is indicated in the treatment of small joint arthritis, which lends itself toward topical application. In this case, the applicant does carry a diagnosis of advanced bilateral knee arthritis. Provision of Voltaren gel to try and ameliorate the same is indicated. While page 7 in the MTUS Chronic Pain Medical Treatment Guidelines does recommend that attending providers incorporate some discussion of medication efficacy into their choice of recommendations, in this case, however, the request for Voltaren is a first-time request. The applicant is already permanent and stationary and is seen relatively infrequently, a few times a year, it appears, based on the survey of the file. Approval of the request followed by the attending provider reevaluation at the next visit, in several months, appears to be the most appropriate course of action. Therefore, the request is medically necessary.

Recliner with seat lift: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, durable medical equipment (DME).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 9.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 1, page 9 does acknowledge that all seating should be fully adjustable to accommodate workers of different heights and body habits, in this case, however, the applicant is seemingly off of work. The applicant does not appear to be working. The attending provider has not reported the applicant's work status on several office visits, referenced above. Given the poor description of the applicant's function reported by the attending provider, in all likelihood, she is not, in fact, working. While ACOEM does support making seating fully adjustable to accommodate workers with different body habits, by implication, then, ACOEM does not explicitly support provision of customizable seating for applicants who are not working. Therefore, the request is not medically necessary.