MAXIMUS Federal Services

Case Number:	CM14-0060931		
Date Assigned:	08/04/2014	Date of Injury:	09/21/2007
Decision Date:	09/24/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/01/2014

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 Nevada. 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 records presented for review indicate that this 56 year-old individual was reportedly injured on September 21, 2007. The mechanism of injury is noted as falling type event. The most recent progress note, dated March 5, 2014, indicates that there are ongoing complaints of low back, left hip and bilateral wrist pain. The physical examination demonstrated a 5'1," 125 pound individual to be in some distress. There was tenderness in muscle spasm noted in the cervical spine associated with a decrease cervical spine range of motion. Motor function was under be 5/5 and there is decreased sensation in the median nerve distribution. Diagnostic imaging studies objectified the changes associated with a fusion surgery. Previous treatment includes multiple level lumbar fusion surgery, multiple medications, and pain management interventions. The injured employee had been declared permanent stationary in July, 2013. A request had been made for durable medical equipment, medications and was not certified in the pre-authorization process on April 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Powered Wheelchair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Wheelchair, power mobility devices, knee & leg (acute & chronic).

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

Decision rationale: As outlined in the MTUS, these devices are "not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or Walker." When noting the findings in the physical examination, tempered by the treatment rendered to date, there is no clinical indication of a power mobility device as medically necessary. Therefore, the request is not medically necessary.

Home Health Care 3 hours a day, 3 days a weeks for 3 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefits Manual-Chapter 7, section 50.2 pgs. 144, 5-11.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: As outlined in the MTUS, such services are indicated for those who are homebound. Furthermore, medical treatment does not include homemaker services like shopping, cleaning, laundry and personal care. Therefore, based on the clinical information presented for review, noting the surgery completed, taking into account the physical examination and the parameters outlined in the MTUS, there is no clinical indication for this request. Therefore, the request is not medically necessary.

Pain Management Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 7 page 127.

Decision rationale: When considering the date of injury, the mechanism of injury, the findings noted on physical examination and taking into account the treatments rendered over the last number of years; there are no subtle, uncertain or complex factors driving this clinical situation. Furthermore, the injured employee has already seen a pain management specialist. As such, there is no clinical indication for pain management report or evaluation. Therefore, the request is not medically necessary.

Compound Capsaicin 0.375%/Menthol 10%/Camphor 2.5%/Tramadol 20% 240gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: As outlined in the MTUS, these topical preparations are "largely experimental" and that any compounded preparation that contains one component that is not recommended negates the clinical indication for the entire preparation. There is no noted clinical indication for a transdermal analgesic (tramadol), as such, the medical necessity for this preparation has not been established. Therefore, the request is not medically necessary.

Compound Flurbiprofen 25%/Doclofenac 10% 240gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: As outlined in the MTUS, these topical preparations are "largely experimental" and that any compounded preparation that contains one component that is not recommended negates the clinical indication for the entire preparation. There is no noted clinical indication for transdermal non-steroidals, as such, the medical necessity for this preparation has not been established. Therefore, the request is not medically necessary.

Shower Stool: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-DME, Knee & Leg (acute & chronic).

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

Decision rationale: When noting the date of injury, the injury sustained, the treatment rendered, the findings on the most recent physical examination as well as x-ray studies, there is no clinical indication presented for a shower stool.Durable medical equipment can be employed if there is a clear clinical reason. Seeing none, the medical necessity cannot be established based on the progress of presented for review. Therefore, the request is not medically necessary.

X-rays of the Pelvis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Hip & Pelvis (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The records reviewed indicate that there have been recent films of the lower lumbar spine and pelvis. There is nothing in the progress notes indicating a medical necessity to repeat the studies. Therefore the medical necessity has not been established. Therefore, the request is not medically necessary.

X-rays of the Right Wrist, 3 views: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 267-8. Decision based on Non-MTUS Citation Official Disability Guidelines-Forearm, Wrist & Hand.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: The current records reflect that there was no recent trauma relative to the wrist. Furthermore, the physical examination did not identify any specific intra-articular pathology. As such, when noting the date of injury, the injury sustained, the treatment to date, the current physical examination, there simply is no clinical information presented to support the medical necessity of x-rays of the right wrist. Therefore, the request is not medically necessary.