

Case Number:	CM14-0074407		
Date Assigned:	07/16/2014	Date of Injury:	10/26/2001
Decision Date:	09/23/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/21/2014

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 66 year-old male was reportedly injured on 10/25/2001. The mechanism of injury is not listed. The most recent progress note, dated 4/25/2014 indicates there are ongoing complaints of unsteady gait and recent fall at the gym. The physical examination is handwritten and grossly illegible. No recent diagnostic studies are available for review. Previous treatment includes medications, and conservative treatment. A request was made for L-Carnitine 500 Mg #90, Mestinon 60 mg quantity: 90 motorized wheelchair, motor vehicle modification for motorized wheelchair, and was not certified in the pre-authorization process on 5/9/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

L-Carnitine 500 mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Labor Code Sections 4603.5 page 7 of the general instructions for the Official Medical Fee.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: The Merck Manual Carnitine Deficiency: Undernutrition.

Decision rationale: CA MTUS and ODG do not address this issue; therefore alternative medical references were used for citation. Carnitine is obtained from foods, particularly animal-based foods, and via endogenous synthesis. After review of the medical records provided there is no indication that the patient suffered from a deficiency of Carnitine. Therefore this request of L-Carnitine 500 mg #90 is not medically necessary and appropriate.

Mestinon 60 mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA approved for use in myasthenia gravis only. No other citations listed.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: The Merck Manual Myasthenia Gravis: Peripheral Nervous System in Motor Unit Disorders.

Decision rationale: CA MTUS and ODG do not address this issue; therefore alternative medical references were used for citation. Mestinon is an orally active cholinesterase inhibitor that prevents the breakdown of acetylcholine by allowing more acetylcholine to accumulate. Acetylcholine is the chemical that sends nerve impulses to the muscle. This medication is useful in the treatment of myasthenia gravis. It continues to be used as the 1st line therapy in the treatment of this disease. After review of the medical records provided it is noted that the injured worker has documentation of a tremor, but there is no diagnosis of myasthenia gravis. Therefore this request of Mestinon 60 mg #90 is deemed not medically necessary.

Durable Medical Equipment: Motorized wheelchair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation "Evidenced based guidelines do not address this situation but there is no documentation that this patient has used other assistive devices, such as a cane or a walker".

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 99 of 127.

Decision rationale: In this case, there is no diagnosis of substantial lack of function in the lower extremities such as in central nervous system with severe weakness / paralysis, lower extremity contractures / deformities, or other conditions to impede the patient's ability to ambulate. It is noted that the injured worker has sustained recent falls, unfortunately there is no findings on physical exam that strength is sufficient in both wrists to propel a standard wheelchair if necessary. Therefore, the request of motorized wheelchair is considered not medically necessary according to guidelines and based on the clinical information provided.

Durable Medical Equipment: Adaptive Van to accommodate wheel chair driver: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation "Evidence based guidelines do not address.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99 of 127.

Decision rationale: After review of the medical records provided the injured worker was not a candidate for a motorized wheelchair, therefore the request for alteration of the claimant's Van to accommodate a motorized wheelchair is deemed not medically necessary.