

Case Number:	CM14-0080350		
Date Assigned:	09/10/2014	Date of Injury:	07/17/2007
Decision Date:	10/16/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	05/30/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 49-year-old male with a date of injury of 07/17/2007. The listed diagnosis per [REDACTED] is cervical spondylosis with myelopathy. According to initial compressive report by [REDACTED] from 12/17/2013, the patient underwent surgery to replace C6 to C7 in December of 2007. Patient states immediately after the surgery, he was "paralyzed." The treating physician, at that time, indicated that "a cyst in the spinal cord which was the culprit for the paralyzation." According to the most recent progress report 04/22/2014, the patient presents with left shoulder and neck pain. Physician states there is no significant improvement since the last exam. He has severe nausea due to taking psychiatric medications. Examination revealed restrictive range of motion in the left shoulder. The physician provides limited examination findings in his progress reports. Patient's medication regimen includes diazepam 10 mg, Tramadol 50 mg, Zanaflex 4 mg, and Zofran 4 mg. Utilization review denied the requests on 05/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] **injection 1-3 x per year to cervical spine:** Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin Page(s): 25-26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (██████); Myobloc Page(s): 25.26.

Decision rationale: This patient presents with left shoulder and neck complaints and the reports indicate that the patient is paralyzed following neck surgery. The physician is requesting ██████ injections for patient's neck pain. MTUS Guidelines page 25 and 26 has the following regarding ██████, "not generally recommended for chronic pain disorder but recommended for cervical dystonia." It further states, "Not recommended for tension-type headache, migraine headache, fibromyositis, chronic neck pain, myofascial pain syndrome, and trigger point injections." In this case, there is no discussion of cervical dystonia as required by MTUS for the consideration of ██████ injections. Recommendation is for denial.

Home cervical traction unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper back chapter

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: This patient presents with left shoulder and neck complaints and the reports indicate that the patient is paralyzed following neck surgery. The physician is requesting a cervical traction unit. ACOEM guidelines page 173 on C-spine traction states, "There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. These palliative tools may be used on a trial basis but should be monitored closely. Furthermore, page 181 ACOEM lists "traction" under "Not Recommended" section for summary of recommendations and evidence table 8-8. ODG guidelines do support patient controlled traction units for radicular symptoms. There is no radicular symptoms noted upon examination and no MRI reports are provided showing HNP or stenosis. There is no description of what kind of traction unit is being requested. Given the lack of support from the guidelines, recommendation is for denial.

Manual wheelchair: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Foot and Ankle chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines has the following under its Knee Chapter

Decision rationale: This patient presents with left shoulder and neck complaints and the reports indicate that the patient is paralyzed following neck surgery. The physician is requesting a manual wheelchair. Utilization review denied the requesting stating, "Given concurrent requests

for orthotic devices to help ambulation, it is not clear if the patient requires a wheelchair." The ACOEM and MTUS guidelines do not discuss wheelchairs. ODG guidelines states, "Recommend manual wheelchair if the patient requires and will use a wheelchair to move around in their residence, and it is prescribed by a physician." As the medical records document, the patient has hemiparesis and a wheelchair may be useful in assisting the patient in mobility. Recommendation is for approval.

Shower chair w/back: Overturned

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

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

Decision rationale: This patient presents with left shoulder and neck complaints and the reports indicate that the patient is paralyzed following neck surgery. The physician is requesting a shower chair with back. ODG has the following regarding "Bathtub seats" under Durable Medical Equipment, "Bathtub seats are considered a comfort or convenience item, hygienic equipment, & not primarily medical in nature." However, this patient is apparently paralyzed and is not able to stand on own. Shower chair with back is medically necessary. Recommendation is for authorization.

KAFO knee/foot orthosis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Foot and Ankle chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 371, Chronic Pain Treatment Guidelines pain management Page(s): 8.

Decision rationale: This patient presents with left shoulder and neck complaints and the reports indicate that the patient is paralyzed following neck surgery. The physician is requesting a KAFO knee/foot orthosis. ACOEM guidelines page 371 has the following: "Rigid Orthotics (full-shoe-length inserts made to realign within the foot and from foot to leg) may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia." The ACOEM and ODG do not directly address KAFOs. The physician does not discuss this patient's functional level. There is evidence that this patient is paralyzed, in which case KAFO would not be needed. Without understanding the rationale behind the request, it is difficult to consider. There are no therapy notes for review either. MTUS page 8 requires that the physician monitor the patient's progress and make appropriate recommendations. Given the lack of necessary medical information regarding the patient's ambulatory status, recommendation is for denial.

AFO left ankle foot orthosis refill 1-2 years: 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), Foot and Ankle chapter

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: This patient presents with left shoulder and neck complaints and the reports indicate that the patient is paralyzed following neck surgery. The physician is requesting AFO left ankle/foot orthosis with replacement every 1-2 years. ODG-TWC guidelines have the following for foot orthosis: "Under study. Orthosis should be cautiously prescribed in treating plantar heel pain for those patients who stand for long periods; stretching exercises and heel pads are associated with better outcomes than custom made orthosis in people who stand for more than eight hours per day. (Crawford, 2003) As part of the initial treatment of proximal plantar fasciitis, when used in conjunction with a stretching program, a prefabricated shoe insert is more likely to produce improvement in symptoms than a custom polypropylene orthotic device or stretching alone." ODG supports prefabricated shoe inserts for treating plantar heel pain. There is no indication patient has issues with his plantar heel, therefore, recommendation is for denial.

■■■■ emergency assistance: Upheld

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

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: <http://■■■■.com/content/■■■■-products/■■■■>

Decision rationale: This patient presents with left shoulder and neck complaints and the reports indicate that the patient is paralyzed following neck surgery. The physician is requesting ■■■■ emergency assistance. ■■■■ states, "■■■■ is our most economical medical alert system. It features a discreet, waterproof Personal Help Button that you can wear around your neck as an adjustable medical alert necklace or on your wrist as a medical alert bracelet..." The ACOEM, MTUS and ODG guidelines do not discuss this type of service. In this case, the physician provides no medical basis for this request. There is no discussion regarding the patient's mobility and transfer ability. There is no discussion regarding social support and whether or not the patient is safe to be left alone. Given the lack of necessary medical information, recommendation is for denial.

Orthopedic shoes: Upheld

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

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

Decision rationale: This patient presents with left shoulder and neck complaints and the reports indicate that the patient is paralyzed following neck surgery. The physician is requesting orthopedic shoes. The ODG guideline under its knee chapter discusses footwear, knee arthritis. ODG states, "Recommended as an option for patients with knee osteoarthritis. Recommend thin-soled flat walking shoes (or even flip-flops or walking barefoot). Recommend lateral wedge insoles in mild OA but not advanced stages of OA." Although "footwear" is discussed and recommended by ODG, there is no discussion of specialized orthopedic shoes. Furthermore, the patient is noted to have hemiparesis and the physician is requesting a wheel chair. It is unclear as to how orthopedic shoes would help with the patient's medical condition. Recommendation is for denial.

Orthotic supports for feet, refill 1-2 years: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 371.

Decision rationale: This patient presents with left shoulder and neck complaints and the reports indicate that the patient is paralyzed following neck surgery. The physician is requesting orthotic support for the feet with replacements every 1-2 years. ACOEM guidelines page 371 has the following: "Rigid Orthotics (full-shoe-length inserts made to realign within the foot and from foot to leg) may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia." In this case, the patient does not have metatarsalgia or plantar fasciitis for which orthotics are recommended for. Recommendation is for denial.

Left knee brace, refill 1-2 years: 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), Knee & Leg chapter

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: This patient presents with left shoulder and neck complaints and the reports indicate that the patient is paralyzed following neck surgery. The physician is requesting a left knee brace with replacement every 1-2 years. ODG Guidelines does recommend knee brace for the following conditions "knee instability, ligament insufficient, reconstructive ligament, articular defect repair as vascular necrosis, meniscal cartilage repair, painful failed total knee

arthroplasty, painful high tibial osteotomy, painful unicompartmental OA, or tibial plateau fracture." The patient does not meet the indications for a knee brace. Recommendation is for denial.

Left knee brace for pool use, refill 1 per year: 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), Knee & Leg chapter

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

Decision rationale: This patient presents with left shoulder and neck complaints and the reports indicate that the patient is paralyzed following neck surgery. The physician is requesting left knee brace to use during pool therapy with yearly replacement. ODG Guidelines does recommend knee brace for the following conditions "knee instability, ligament insufficient, reconstructive ligament, articular defect repair as vascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental OA, or tibial plateau fracture." The patient does not meet the indications for a knee brace. Recommendation is for denial.

Shoulder brace, refill 1-2 years: 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), Shoulder Chapter, Immobilization

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

Decision rationale: This patient presents with left shoulder and neck complaints and the reports indicate that the patient is paralyzed following neck surgery. The physician is requesting a shoulder brace with replacement every 1-2 years. The ACOEM, MTUS and ODG do not discuss shoulder brace. However, under the shoulder section, ODG has the following regarding Immobilization, "Not recommended as a primary treatment. Immobilization and rest appear to be overused as treatment." ODG further states, "Immobilization is also a major risk factor for developing adhesive capsulitis, also termed "frozen shoulder"." In this case, ODG does not recommend immobilization of the shoulder. The physician does not explain why a shoulder brace is needed to treat this patient's shoulder pain. The patient is not post-operative and the guidelines do not support immobilizing the shoulder. Recommendation is for denial.

Pool therapy with neoprene wetsuit with front zipper (for extended use of pool therapy refill every 2-5 years): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

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

Decision rationale: This patient presents with left shoulder and neck complaints and the reports indicate that the patient is paralyzed following neck surgery. The physician is requesting a neoprene wetsuit with front zipper for extended use with pool therapy, with replacement every 2-5 years. There is no rationale for requesting a wetsuit for pool therapy. Regarding durable medical equipment, ODG guidelines state: "Recommended if prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations and if the device meets [REDACTED] definition of durable medical equipment (DME), which:(1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; and (4) Is appropriate for use in a patient's home." In this case, a wetsuit does not meet the criteria for durable medical equipment per ODG guidelines. Furthermore, the requested pool therapy is without frequency and duration for treatment. The physician does not discuss treatment history and the reasons for pool therapy, what the goals are and the end point. Recommendation is for denial.

Heat and cold packs to relieve pain replaced every 4-14 months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

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

Decision rationale: This patient presents with left shoulder and neck complaints and the reports indicate that the patient is paralyzed following neck surgery. The physician is requesting heat and cold pack with replacement every 4-14 months. There is no discussion of which body part he is addressing with heat and cold packs. ODG under its neck and upper back chapter has the following, "Insufficient testing exists to determine the effectiveness (if any) of heat/cold applications in treating mechanical neck disorders, though due to the relative ease and lack of adverse affects, local applications of cold packs may be applied during first few days of symptoms followed by applications of heat packs to suit patient." In this case, the patient has chronic neck and shoulder pain. ODG support application of cold/heat packs during "first few days of symptoms." Recommendation is for denial.

Home attendant care/childcare 32 hours a week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines home services Page(s): 51.

Decision rationale: This patient presents with left shoulder and neck complaints and the reports indicate that the patient is paralyzed following neck surgery. The physician is requesting home attendant and child care 32 hours per week. The MTUS page 51 has the following regarding home services, "Recommended only for otherwise recommended medical treatment for patients who are home-bound on a part-time or intermittent basis generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." The physician states that the patient has difficulty driving and doing house work. There are no other discussion regarding the patient's home situation; how severe the paralysis; whether or not the patient is able to self-care; the patient's social structure and home environment; what specific ADL needs are, etc. A homecare nurse evaluation would appear appropriate to determine the patient's specific needs. Recommendation is for denial.