MAXIMUS Federal Services

Case Number:	CM14-0097057		
Date Assigned:	07/28/2014	Date of Injury:	09/12/2011
Decision Date:	08/29/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	06/25/2014

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 Orthopedic Surgery, and is licensed to practice in Pennsylvania. 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 claimant is a 62-year-old female who sustained a vocational injury on 11/08/01. Records provided for review include the report of an MRI identifying degeneration of the peroneal tendons for which surgical intervention is currently being recommended. The Utilization Review of 06/20/14 supported the need for a peroneal tendon repair and excision of an ankle lipoma. Also certified on that date was preoperative assessment, postoperative use of Norco, physical therapy, and purchase of crutches. This request is for a prescription for Percocet, the use of a wheelchair, and scooter rental as well as purchase of a cane and walker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percocet, page 92; Opioids- Criteria for Use, page 76-80.

Decision rationale: California MTUS Chronic Pain Guidelines do not support continued use of Percocet. The prescription for Percocet to be used for postoperative pain would not be indicated as the claimant has already been certified for use of Norco in the postoperative setting. There

would be no indication for dual narcotic management. Request in this case would not be indicated.

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 (ODG) Ankle & Foot.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: Knee Procedure - Wheelchair.

Decision rationale: California MTUS and ACOEM Guidelines do not address a wheelchair. Based on the Official Disability Guidelines, the request for a wheelchair would not be indicated. The medical records document that the claimant is capable of ambulating and has been certified to have crutches for postoperative use. Given the nature of the surgery to be performed and the current weight bearing status, there would be no need for the rental of a wheelchair following surgical process.

Knee Scooter: 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) Ankle & Foot.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: Knee Procedure - ScootersMotorized scootersSee Power mobility devices (PMDs).

Decision rationale: California MTUS and ACOEM Guidelines do not address this request. The Official Disability Guidelines would currently not support the use of a scooter. The use of a powered mobility device would not be indicated given the nature of this claimant's surgery and documentation of ability to weight bear with use of crutches.

Cane: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: Knee Procedure - Walking Aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: California MTUS and ACOEM Guidelines do not address this request. Based on the Official Disability Guidelines, the purchase of cane for ambulatory purposes would not be indicated. This individual has already been certified for the use of crutches following surgery. There would thus be no indication for further mobility devices including the need of a cane and/or walker. Request in this case would not be supported as medically necessary.

Walker: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: Knee Procedure - Walking Aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: California MTUS and ACOEM Guidelines do not address this request. Based on the Official Disability Guidelines, the purchase of walker for ambulatory purposes would not be indicated. This individual has already been certified for the use of crutches following surgery. There would thus be no indication for further mobility devices including the need of a walker. Request in this case would not be supported as medically necessary.