

Case Number:	CM14-0008421		
Date Assigned:	03/20/2015	Date of Injury:	09/06/2013
Decision Date:	05/01/2015	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/21/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 injured worker is a 58-year-old female, who sustained an industrial injury on 9/6/13. She reported back pain. The injured worker was diagnosed as having lumbar radiculopathy, contusion of coccyx, contusion of hip, and strain of the lumbar region. Treatment to date has included physical therapy, a home exercise program, and medication including Norco. A MRI performed on 10/28/13 was noted to reveal the injured worker was status post spinal surgery from L3-5 with grade 1 spondylolisthesis of L4-5 with spinal and foraminal stenosis and facet arthropathy. L5-S1 disc desiccation with disc protrusion, central canal, foraminal stenosis, and facet arthropathy was noted. L1 compression deformity with increased signal intensity on T2 was suggestive of pathologic fracture. A bone imaging study performed on 12/5/13 revealed some osteoblastic reaction compatible with compression fracture at L1 and an arthritic-appearing reaction at L5-S1 and in both sacroiliac joints. Currently, the injured worker complains of back pain, bilateral groin pain, and bilateral shoulder pain. The treating physician requested authorization for a motorized wheelchair and 8 physical therapy visits for an L1 compression fracture. The treating physician noted the injured worker would require a motorized wheelchair for her return to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motorized wheel chair: Upheld

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 Power mobility devices (PMDs) section Page(s): 99.

Decision rationale: Per the MTUS Guidelines, the use of power mobility devices (PMDs) are not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient has sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair. Early exercise, mobilization and independence should be encouraged at all steps of the injury recovery process, and if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care. The medical records report that the injured worker has low back pain with antalgic gait, but there is no indication that she is unable to use a cane, walker, or manual wheelchair. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for motorized wheelchair is NOT medically necessary.

Physical therapy 2x wk for 4 wks = 8 total for L1 comp Fx: 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 Physical Medicine section Page(s): 98, 99.

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. The injured worker has an injury that may benefit from physical therapy, and 8 sessions is within the recommendations of the MTUS Guidelines. The request for physical therapy 2x wk for 4 wks = 8 total for L1 comp Fx is medically necessary.