

Case Number:	CM14-0199453		
Date Assigned:	12/09/2014	Date of Injury:	03/18/2011
Decision Date:	01/27/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	11/28/2014

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 Rehab, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 50 year old female with a work injury dated 3/18/11. The diagnoses include right lower extremity complex regional pain syndrome; severe fibromyalgia, sleep disorder, major depressive disorder, pain disorder associated with psychological factors and a general medical condition. Under consideration are requests for custom-molded orthopedic shoes; shower chair and bedside commode purchase; bilateral wrist brace purchase. There is a 10/22/14 progress note that states that the patient continues to do poorly. She has been accepted for social security disability. Her condition is rapidly deteriorating without pool therapy. She remains permanently disabled. On exam she is in obvious discomfort. She uses crutches to ambulate. She rocks back and forth in pain. She has diffuse allodynia to light touch. She has severe allodynia in her feet with swelling. The discussion states that the patient remains completely disabled with findings of pain syndrome, fibromyalgia, and residuals of CRPS injury in both lower extremities. She has profound allodynia in the lower extremities with swelling. She requires custom molded orthopedic shoes. She also requires accommodations for her disability including shower chair, and a bedside commode as well as a wrist brace support. The provider is also requesting a gym membership for her to exercise on a self directed basis in a warm pool as this has been the only effective therapy for this patient with some reported improvement of pain, function, and limitation. The treatment plan state that authorization is requested for a gym membership, custom molded orthopedic shoes for profound foot edema, sensitivity, and swelling. The patient requires transportation to and from all activities. The patient requires a shower chair and bedside commode. The patient continues to need home care for grooming, cooking, cleaning, and shopping. The patient requires bilateral wrist brace support for pain. The medications include Lyrica, Prozac, Flexeril, Trazadone. The patient is permanently disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom-Molded Orthopedic Shoes: 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-TWC) DME

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: Aetna- Clinical Policy Bulletin: Foot Orthotics Number: 0451.

Decision rationale: Custom-Molded Orthopedic Shoes are not medically necessary per the ODG and MTUS guidelines. The ODG recommends special footwear as an option for knee osteoarthritis. The MTUS ACOEM guidelines state that rigid orthotics may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. Per documentation . Aetna clinical policy on foot orthotics state that orthopedic shoes are excluded, unless the shoe is an integral part of a leg brace, certain diabetic patients and for post-surgical care. The documentation indicates that these shoes were requested for bilateral foot edema and sensitivity. The request does not indicate a quantity. The documentation does not indicate that the patient meets any of the above criteria therefore the request for custom molded orthopedic shoes is not medically necessary.

Shower Chair and bedside commode purchase: 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-TWC) Procedure Summary Durable Medical Equipment (DME)

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-Durable medical equipment (DME)

Decision rationale: Shower Chair and bedside commode purchase is not medically necessary per the ODG Guidelines. The MTUS does not address this request. The guidelines state that durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below. Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. Certain DME toilet items (commodes, bed pans, etc.) are medically necessary if the patient is bed- or room-confined, and devices such as raised toilet seats, commode chairs, sitz baths and portable whirlpools may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. The documentation does not

indicate that the patient is bed confined. The documentation does not indicate extenuating circumstances to go against guideline recommendations therefore the request for shower chair and bedside commode are not medically necessary.

Bilateral Wrist Brace purchase: 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-TWC) Forearm, Wrist, & Hand Procedure Summary last updated 11/13/14 Splint/Brace

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow- Splinting (padding); Carpal Tunnel Syndrome (Acute & Chronic)-splinting.

Decision rationale: Bilateral wrist brace purchase is not medically necessary per the MTUS and the ODG guidelines. The MTUS does not specifically discuss wrist braces but does state that the initial treatment of carpal tunnel syndrome should include night splints. The ODG discusses splinting or padding for cubital tunnel syndrome and neutral splinting for carpal tunnel syndrome. The documentation is not clear on why the patient requires bilateral wrist bracing. Without a clear diagnoses or indication of why this is required the request for bilateral wrist brace purchase is not medically necessary.