

<b>Case Number:</b>	CM14-0200486		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	08/04/1998
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 55 year old man who sustained a work-related injury on August 4 1998. Subsequently, the patient developed a chronic low back pain and shoulder pain. According to a progress report dated on October 14 2014, the patient was complaining of ongoing back and shoulder pain. No detailed neurological examination was provided. The provider requested authorization for the followings.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 electric 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) Knee and 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) Power mobility devices. <http://www.odg-twc.com/index.html>

**Decision rationale:** According to ODG guidelines, Power mobility devices 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. (CMS, 2006) 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. There is no clear evidence that the patient mobility deficit cannot be controlled with a cane or walker and there is no clear need for an electric wheelchair. Therefore, the request is not medically necessary.

**1 pair of compression stockings, size XL: 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 and 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) Compression garments, <http://www.odg-twc.com/index.html>.

**Decision rationale:** According to ODG guidelines, compression garments Recommended. Good evidence for the use of compression is available, but little is known about dosimetry in compression, for how long and at what level compression should be applied. Low levels of compression 10-30 mmHg applied by stockings are effective in the management of telangiectases after sclerotherapy, varicose veins in pregnancy, the prevention of edema and deep vein thrombosis (DVT). High levels of compression produced by bandaging and strong compression stockings (30-40 mmHg) are effective at healing leg ulcers and preventing progression of post-thrombotic syndrome as well as in the management of lymphedema. (Parsch, 2008) (Nelson-Cochrane, 2008) See also Lymphedema pumps; venous thrombosis. Recent research: There is inconsistent evidence for compression stockings to prevent post-thrombotic syndrome (PTS) after first-time proximal deep venous thrombosis (DVT). The findings of this study do not support routine wearing of elastic compression stockings (ECS) after DVT. PTS is a chronic disorder affecting 40%-48% of patients during the first 2 years after acute symptomatic DVT. The American College of Chest Physicians currently recommends wearing compression stockings with 30-40 mm Hg pressure at the ankle for 2 years to reduce the risk of developing PTS, but the data supporting this recommendation are inconsistent, and come from small randomized trials without blinding. This high quality double-blind randomized trial compared compression stockings to sham stockings (without therapeutic compression) in 806 patients with proximal DVT and concluded otherwise. (Kahn, 2014) There is no documentation that the patient is at increased risk of deep venous thrombosis or has a vascular condition requiring a compression stocking. Therefore, the request is not medically necessary.

**One medically supervised weight loss program:**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Snow V, Barry P, Fitterman N, Qaseem A, Weiss K. Pharmacological and surgical management of obesity in primary care; a clinical practice guideline from the American College Physicians. Ann Intern Med 2005

**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: Weight loss. [http://en.wikipedia.org/wiki/Weight\\_loss](http://en.wikipedia.org/wiki/Weight_loss).

**Decision rationale:** According to MTUS guidelines, strategies based on modification of individual risk factors such weight loss may be less certain, more difficult, and possibly less cost-effective to prevent back pain. There is no documentation that the patient failed weight control with exercise and diet. Caloric restriction associated to Diet modification, exercise and behavioral modification are the first line treatment of obesity. They don't require formal program. Drug therapy and surgery could be used in combination to the other modalities. There is no need for a formal program to lose weight for this patient. Therefore, the request for medically supervised weight loss program is not medically necessary.