

<b>Case Number:</b>	CM14-0201132		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	09/29/1994
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back, neck pain, and shoulder pain reportedly associated with an industrial injury of September 29, 1994. In a Utilization Review Report dated November 5, 2014, the claims administrator denied caregiver support and a wheelchair evaluation. Non-MTUS Chapter 7 ACOEM Guidelines were invoked to deny the wheelchair consultation. The claims administrator referenced progress notes of October 30, 2014 and September 4, 2014 in its denial. The applicant's attorney subsequently appealed. In a September 4, 2014 progress note, the applicant reported ongoing complaints of neck and low back pain with venous stasis ulcers and associated chronic swelling of the feet. The attending provider stated that the applicant needed significant caregiver support. It was stated that the applicant's wounds were improving overall. The applicant did exhibit 1 to 2+ lower extremity edema. Wraps were noted about the feet and ankles. The applicant was appropriately alert and oriented. The applicant was given diagnosis of lumbar degenerative disk disease, cervical degenerative disk disease status post cervical laminectomy, chronic low back pain, chronic DVT, history of pulmonary embolism, chronic venous insufficiency ulcer, diabetes, hypertension, dyslipidemia, neurogenic bladder, polymyositis, insomnia, depression, and lymphedema. The applicant had decreased ability to transfer. The attending provider stated that the applicant needed a caregiver to perform grooming, bathing, dressing, household chores, cleaning, cooking, and doing groceries. Wheelchair evaluation was endorsed on the grounds that the applicant's current wheelchair was non-functional. Some portions of the progress note were garbled and/or incoherent. The applicant apparently had issues with morbid obesity and quadriparesis. The source of the applicant's quadriparesis was not clearly stated, however. On October 30, 2014, the attending provider stated that the applicant needed a caregiver to help her get groceries, cook, and perform

other household chores. A new wheelchair and/or wheelchair evaluation were endorsed. It was stated that the applicant had self-procured a wheelchair which was inadequate. The applicant presented with various complaints, including diabetes, venous insufficiency/venous varicosities, chronic DVT, depression, insomnia, neurogenic bladder, lymphedema, cervical myelopathy, chronic low back pain status post lumbar laminectomy, and quadriparesis.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Caregiver support 8 hours a day, 7 days a week:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services topic Page(s): 51.

**Decision rationale:** The services being sought here, per the requesting provider's progress note of September 4, 2014, include caregiver so has to help the applicant perform grooming, bathing, dressing, household chores, cooking, cleaning, getting groceries, etc. Such services, however, are not, per page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, considered medical treatment when sought as stand-alone services. Therefore, the request for a caregiver support to perform homemaker services is not medically necessary.

**Wheelchair evaluation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, page 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices topic Page(s): 99.

**Decision rationale:** While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines notes that power mobility devices are not recommended if an applicant's functional mobility deficits can be sufficiently resolved through usage of a cane, walker, and/or manual wheelchair, in this case, the requesting provider has stated that the applicant has residual cervical myelopathy and/or alleged quadriparesis which are preventing the applicant from effectively ambulating and/or propelling a manual wheelchair, cane, and/or walker. The attending provider has posited that the applicant's current wheelchair is malfunctioning. Obtaining a wheelchair evaluation to determine how the applicant's functional mobility deficits can be rectified is, thus, indicated here. Therefore, the request is medically necessary.