

Case Number:	CM14-0203902		
Date Assigned:	12/16/2014	Date of Injury:	08/28/2006
Decision Date:	02/11/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/05/2014

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] beneficiary who has filed a claim for reflex sympathetic dystrophy reportedly associated with an industrial injury of August 28, 2006. In a Utilization Review Report dated November 20, 2014, the claims administrator failed to approve requests for Norco, a wheelchair rental, and postoperative physical therapy. The claims administrator noted that the applicant was status post a right below-the-knee amputation with residual neuropathic pain complaints. The claims administrator stated that it was denying Norco on the grounds that the applicant was concurrently using Percocet. The standard wheelchair rental was apparently conditionally approved or partially approved as a 12-week manual wheelchair rental. The claims administrator referenced a progress note of November 12, 2014 in its determination and suggested that the attending provider was no longer interested in pursuing further physical therapy, had reportedly withdrawn the request, and therefore went on to deny the same. The applicant's attorney subsequently appealed. In said November 12, 2013 progress note, the applicant reported persistent complaints of sharp pain associated with the right below-the-knee amputation stump. The applicant had a history of crush injury of the foot, and multiple right lower extremity surgeries ultimately culminating in a below-the-knee amputation procedure. Authorization was sought for an excision of the right leg neuroma with revision of below-the-knee amputation, postoperative physical therapy twice a month for each of three months for a total of six visits, preoperative labs, preoperative EKG, and a wheelchair rental for 12 weeks on the grounds that the applicant would be nonweightbearing postoperatively. Sixty tablets of Norco were endorsed for postoperative use purposes. The attending provider stated that he was also prescribing Percocet for breakthrough pain in the event that Norco proved ineffective in attenuating the applicant's pain complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wheelchair standard rental for twelve weeks, for the right leg: Overturned

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 Chapter, Wheelchair Section

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

Decision rationale: 1. Yes, the proposed standard wheelchair rental for 12 weeks for the right leg is medically necessary, medically appropriate, and indicated here. As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, power mobility devices are not recommended if an applicant's functional mobility deficits can be sufficiently resolved through prescription of a cane, walker, or manual wheelchair. Here, the requesting provider has sought authorization for a standard wheelchair as opposed to a motorized wheelchair. The applicant is apparently undergoing a revision of the below-the-knee amputation and associated lower extremity neuromas. The applicant could reasonably or plausibly be expected to be temporarily immobile postoperatively, particularly given the history of earlier below-the-knee amputation. Provision of a standard wheelchair for postoperative use purposes is, thus, indicated here. Therefore, the request is medically necessary.

Norco 10/325 mg, sixty count with one refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone-acetaminophen Page(s): 91.

Decision rationale: 2. Similarly, the request for Norco 10/325 #60 was likewise medically necessary, medically appropriate, and indicated here. As noted on page 91 of the MTUS Chronic Pain Medical Treatment Guidelines, Norco or hydrocodone acetaminophen is indicated for moderate-to-moderately severe pain. Here, the applicant was described as planning to undergo a revision below-the-knee amputation on or around the date of the request, November 12, 2014. The applicant could reasonably or plausibly be expected to have postoperative pain complaints in the moderate-to-severe range. Usage of Norco was/is indicated to combat postoperative pain complaints. The attending provider, contrary to what was suggested by the claims administrator, did clearly state that he intended for the applicant to use Norco as a primary analgesic postoperatively, stating that Percocet, another short-acting opioid, was only being employed on a time-limited and quantity-limited basis for postoperative pain complaints which were incompletely addressed through usage of Norco. Thus, Norco was indicated, for all of the stated reasons. Therefore, the request was medically necessary.

Post-operative physical therapy for the right leg, twice monthly for three months:
Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: 3. The request for postoperative physical therapy for the right leg twice monthly for three months was likewise medically necessary, medically appropriate, and indicated here. As noted in the Postsurgical Treatment Guidelines in MTUS 9792.24.3, a general course of physical therapy following post-amputation surgery involving the knee or leg is 40 visits over six to eight months. Here, the applicant was/is planning to undergo a revision below-the-knee amputation procedure. The six sessions of physical therapy being sought by the attending provider, thus, are/were indicated postoperatively, at a minimum, given the degree and magnitude of the applicant's impairment involving the below-the-knee amputation. Therefore, the request was/is medically necessary.