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| Case Number: | CM15-0009432 | | |
| Date Assigned: | 01/27/2015 | Date of Injury: | 05/09/1995 |
| Decision Date: | 03/23/2015 | UR Denial Date: | 12/16/2014 |
| Priority: | Standard | Application Received: | 01/16/2015 |

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 65 year old male who sustained an industrial injury on 05/09/1995. The injured worker complains of persistent pain in the neck, low back, bilateral shoulders, and bilateral knees. Diagnoses include cervical disc disease, bilateral ankle sprain/strain, and left shoulder pain, status post dislocation, and status post cervical discectomy and fusion at C6-C7 on 06/05/2014. Treatment to date had included medications, physical therapy, rest, heat and cold. Both knees have decreased range of motion left greater than right. A physician progress note dated 12/01/2014 documents the injured workers pain is rated as 7-8 out of 10. The cervical and lumbar spine revealed decreased range of motion, as well as bilateral shoulders. The left shoulder had positive apprehension test with external rotation of 60 degrees and internal rotation of 50 degrees. The right shoulder had slight decrease in range of motion in all planes with decreased strength 4/5 with flexion and extension. The prescribing physician is requesting a consult with pain management (██████████-left shoulder), due to worsening pain and diminished function of the left shoulder, and for a right ankle brace due to worsening of instability and pain. On 12/16/2014 the Utilization Review non-certified the request for the consult with pain management (██████████ left shoulder) citing California Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM). On 12/16/2014 Utilization Review non-certified the request for an ankle brace and cited California Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM).

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult with [REDACTED] (left shoulder): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, early intervention Page(s): 32-33.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for an evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS guidelines stated: recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach:(a) The patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernable indication of at risk status is lost time from work of 4 to 6 weeks. (Mayer 2003). The provider did not give a justification for the follow up visit. There is no documentation of the reasons, the specific goals and end point for this consultation. Therefore, the request for Consult with [REDACTED] (left shoulder) is not medically necessary.

Right ankle brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Durable medical equipment (DME)

Decision rationale: Durable medical equipment (DME) 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. Many assistive devices, such as electric garage door openers, microwave ovens, and golf carts, were designed for the fully mobile, independent adult, and Medicare does not cover most of these items. See also specific recommendations here: Aquatic therapy; Bathtub seats; BionCare knee device; Bone growth stimulators; Braces; Canes; Cold/heat packs; Compression cryotherapy; Continuous-flow cryotherapy; Continuous passive motion (CPM); Crutches; Cryocuff; Cryotherapy; Dynamic splinting systems; Dynasplint; Electrical stimulators (E-stim); Electromyographic biofeedback treatment; ERMI knee Flexionater/ Extensionater; Flexionators (extensionators); Exercise equipment; Game Ready- accelerated recovery system; Home exercise kits; Joint active systems (JAS) splints; Knee brace; Lymphedema pumps; Mechanical stretching devices (for contracture & joint stiffness); Motorized scooters; Neuromuscular electrical stimulation (NMES devices); Orthoses; Post-op ambulatory infusion pumps (local anesthetic); Power mobility devices (PMDs); RS-4i sequential stimulator; Scooters; Shower grab bars; TENS (transcutaneous electrical nerve stimulation); Therapeutic knee splint; Treadmill exerciser; Unloader braces for the knee; Vacuum-assisted closure wound-healing; Vasopneumatic devices (wound healing); Walkers; Walking aids (canes, crutches, braces, orthoses, & walkers); Wheelchair; Whirlpool bath. The term DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. (CMS, 2005) There is no documentation of clearly unstable ankle joint in this case. Therefore the request for right ankle brace is not medically necessary.