

Case Number:	CM15-0101975		
Date Assigned:	06/04/2015	Date of Injury:	03/28/2006
Decision Date:	07/21/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/27/2015

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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 59 year old female, who sustained an industrial injury on 3/28/06. She has reported initial complaints of burning sensation to the right knee and leg after injury at work. The diagnoses have included right shoulder impingement syndrome, rotator cuff tendinitis and partial tear status post injection, lumbar radiculitis/radiculopathy, right knee degenerative joint disease (DJD) status post arthroscopy and reconstruction, right side Reflex sympathetic dystrophy syndrome, right hip bursitis, anxiety, depression, insomnia and gastritis. Treatment to date has included medications, activity modifications, off work, diagnostics, surgery, physical therapy, transcutaneous electrical nerve stimulation (TENS) and home exercise program (HEP). Currently, as per the physician progress note dated 4/8/15, the injured worker complains of continued right shoulder pain, low back pain with numbness and tingling in the legs and knee pain. She states that the knee gives way and she has difficulty with prolonged standing or walking. She rates the pain 9/10 on pain scale and continues to rely on medications for symptomatic relief. The objective findings reveal decreased lumbar spine range of motion, tenderness with spasms, and positive straight leg raise at 75 degrees bilaterally eliciting pain at L5-S1 dermatome distribution. There is hypoesthesia at the anterolateral aspect of the foot and ankle and there is weakness in the big toe dorsiflexor and big toe plantar flexor, bilaterally. The current medications included Anaprox, Fexmid, topical creams, and Gabapentin. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine

dated 8/6/14 and Magnetic Resonance Arthrogram (MRA) of the right knee dated 8/6/14. The physician noted that he will request authorization for a wheelchair to assist the injured worker with ambulation and due to emotional symptoms and complaints from ongoing pain and the work-related injuries he would recommend her to be referred for Psychiatric evaluation with treatment and recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wheelchair: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices (PMDs) Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter (updated 02/27/15), Online Version, Wheelchair.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee/Leg Wheelchair.

Decision rationale: The patient presents with pain affecting the right shoulder, low back, bilateral lower extremities, and right knee. The current request is for a Wheelchair. The treating physician states in the report dated 4/8/15, "I request authorization for a wheelchair to assist the patient with ambulation." (10B) The ODG guidelines state, "Recommend manual wheelchair if the patient requires and will use a wheelchair to move around in their residence, and it is prescribed by a physician." In this case, the treating physician has documented that the patient has trouble with prolonged standing/walking. A wheelchair may be beneficial to the patient in performing ADLs and the request is supported by ODG. The current request is medically necessary.

Psychiatric evaluation with treatment and recommendations: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-101. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, 2nd Edition, 2004 Page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101-102.

Decision rationale: The patient presents with pain affecting the right shoulder, low back, bilateral lower extremities, and right knee. The current request is for Psychiatric evaluation with treatment and recommendations. The treating physician states in the report dated 4/8/15, "Due to emotional symptoms and complaints from ongoing pain the result of work-related injuries, the patient is now being referred for a MTUS psychological evaluation with treatment recommendations if and as clinically indicated". (10B) The MTUS guidelines state, "The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: Initial trial of 3-4 psychotherapy visits over 2 weeks - With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)". In this case, the treating physician has documented that the patient's injury has

affected her mentally but this request does not specify the frequency or duration of the request. Without knowing the requested number of sessions being requested there is no way to determine if the request would be supported by the MTUS guidelines. The current request is not medically necessary,