

Case Number:	CM15-0016761		
Date Assigned:	03/18/2015	Date of Injury:	08/19/1998
Decision Date:	04/20/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	01/29/2015

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 (IW) is a 57 year old female, who sustained an industrial injury on 08/19/1998. She reported repetitive traumas and has a history that includes failed back surgery. The injured worker was diagnosed as having cervical spondylosis, cervical facet joint pain, bilateral shoulder impingement, bilateral carpal tunnel syndrome, bilateral deQuervain's Tenosynovitis, failed back surgery syndrome, status post spinal cord stimulator implant, lumbar radiculitis, bilateral knee arthropathy. Treatment to date has included left knee arthroscopy (12/19/2014). A MRI and CT of the cervical spine showed multilevel degenerative changes. Electrodiagnostic studies of the and lower extremities demonstrated evidence of bilateral carpal tunnel syndrome, and chronic L5 radiculopathy on the left. Currently, the injured worker complains of neck pain, low back pain and a constant ache in both legs with weakness. She has insomnia. She uses a walker, and has reported falls approximately 1-2 times per week (08/04/2014). The IW has decreased cervical spine range of motion with pain. Tenderness is noted on palpation of bilateral radio carpal and ulnocarpal joints. There is positive shoulder impingement. The treatment plan includes Omeprazole 20 mg #60, One (1) lightweight mobility scooter, One (1) toilet supports-upper body handle, One (1) radiograph of the spinal cord stimulator unit and leads, Topical creams 20 % #3.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) mobility scooter lightweight: 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), PMP.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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 a mobility scooter. Therefore, the request is not medically necessary.

One (1) toilet supports-upper body handle: 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), DME.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Durable medical equipment (DME). <http://www.worklossdatainstitute.verioiponly.com/odgtwc/knee.htm#Durablemedicalequipment>.

Decision rationale: According to ODG guidelines, 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; BioniCare knee device; Bone growth stimulators; Braces; Canes; Cold/heat packs; Compression cry therapy; Continuous-flow cry therapy; Continuous passive motion (CPM); Crutches; Cry cuff; Cry therapy; 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; Lymph edema 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 equipment. 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 that the patient is bed- or room-confined, and devices such as toilet support is not medically necessary. There is no documentation that the toilet supports-upper body handle is a part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. Therefore the prescribed is not medically necessary.

Omeprazole 20 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: According to MTUS guidelines, Omeprazole is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDs to develop gastro duodenal lesions. There is no documentation that the patient has GI issue that requires the use of Omeprazole. There is no documentation in the patient's chart supporting that she is at intermediate or high risk for developing gastrointestinal events. Therefore, Omeprazole 20 mg #60 prescription is not medically necessary.