

Case Number:	CM15-0165884		
Date Assigned:	09/03/2015	Date of Injury:	02/23/2006
Decision Date:	10/19/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/24/2015

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 claimant is a represented 57-year-old who has filed a claim for chronic knee, leg, and low back pain reportedly associated with an industrial injury of February 23, 2006. In a Utilization Review report dated July 21, 2015, the claims administrator failed to approve a request for interferential stimulator 30-day rental. Somewhat incongruously, both the MTUS Guideline in ACOEM Chapter 12, page 300 and the MTUS Chronic Pain Medical Treatment Guidelines were invoked. A motorized scooter for the knee was also denied, reportedly on the grounds that the applicant was using a walker to move about. A July 9, 2015 office visit and an associated July 14, 2015 RFA form were referenced in the determination. The applicant's attorney subsequently appealed. On said July 9, 2015 office visit, the applicant reported 8/10 low back and knee pain. The applicant was using a walker to move about in the clinic, it was suggested. The applicant had issues with knee arthritis. The attending provider contended that the applicant would be unable to ambulate properly even with the aid of a walker. The attending provider stated that the applicant was weak and unable to bear weight on the right lower extremity. The attending provider contended that provision of a scooter would ameliorate the applicant's ability to move about. The applicant was retired, it was reported. Motrin was endorsed. The attending provider suggested that the applicant employ an interferential stimulator device, first on a rental basis followed by subsequent purchase of the same. The applicant's complete medication was not detailed on this date. On April 2, 2015, the applicant was given refills of Voltaren, Norco, Flexeril, Protonix, and Motrin. A scooter was again sought. The applicant was using a walker to move about. The stated diagnosis was that of knee arthritis. On February 19, 2015, the attending provider contended that the applicant had "a 100% permanent disability" award for her right knee. The applicant exhibited persistent pain, swelling, and a visible limb about the injured knee. The attending provider explained that the applicant was unable to bear weight on said right knee. Norco, tramadol, Protonix, and diclofenac were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Unit and Supplies 30 day rental and purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: No, the proposed interferential stimulator unit and supplies "30-day rental and subsequent purchase" was not medically necessary, medically appropriate, or indicated here. As noted on page 120 of the MTUS Chronic Pain Medical Treatment Guidelines, provision of an interferential stimulator device on a purchase basis should be predicated on evidence of a favorable outcome during an earlier 30-day trial of said device, with evidence of increased functional improvement, less reported pain, and evidence of medication reduction. Here, however, the attending provider seemingly sought authorization for a rental of the device followed by subsequent purchase of the same, without proviso to reevaluate the applicant following said trial before moving forward with the decision to purchase the device. Page 120 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that an interferential stimulator device should be employed on a trial basis only in those individuals in whom pain is ineffectively controlled due to diminished medication efficacy, applicants in whom pain is ineffectively controlled owing to medication side effects, and/or applicants who have a history of substance abuse which would prevent provision of analgesic medications. Here, multiple progress notes referenced above suggested that the applicant was using a variety of first-line oral pharmaceuticals to include Voltaren, Norco, Flexeril, Motrin, etc. There was no mention of analgesia with those medications proving unsatisfactory on the date of the request, July 9, 2015. The request, thus, as written, was at odds with multiple sections of page 121 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Motorized scooter for the right knee: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Power mobility devices (PMDs).

Decision rationale: Conversely, the request for a motorized scooter for the knee was medically necessary, medically appropriate, and indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does stipulate that provision of a power mobility device such as a motorized scooter at issue is not recommended for an applicant's functional mobility deficits such that it can be remediated through usage of a cane, walker, and/or a manual wheelchair, here, however, the attending provider contended on multiple office visits, referenced above, that the applicant's gait derangement secondary to advanced knee arthritis had not been sufficiently remediated through usage of a walker. On July 9, 2015, the attending provider stated that the applicant was unable to ambulate properly through a walker alone. Standing and/or walking for lengthier distances remained problematic, the treating provider reported both on July 9, 2015 and

on earlier dates. The previously provided manual walker, thus, had, at best, incompletely addressed the applicant's functional mobility deficits. Provision with the motorized scooter in question, thus, was indicated to facilitate the applicant's moving about in certain settings. Therefore, the request was medically necessary.