

Case Number:	CM15-0168279		
Date Assigned:	09/09/2015	Date of Injury:	05/08/2013
Decision Date:	10/14/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/26/2015

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 applicant is a represented [REDACTED], beneficiary who has filed a claim for chronic neck, shoulder, and hip pain reportedly associated with an industrial injury of May 8, 2013. In a Utilization Review report dated August 6, 2015, the claims administrator failed to approve requests for a motorized scooter and hospital bed apparently sought via an order form dated July 28, 2015. The applicant's attorney subsequently appealed. On September 18, 2015, the attending provider acknowledged the applicant was not, in fact, working. 2/10 pain with medications versus 8/10 pain without medications was reported. Multifocal complaints of neck and shoulder pain were evident. Norco was renewed. The applicant was asked to consult a neurosurgeon for his cervical spine. On an order form dated July 28, 2015, the motorized scooter and hospital bed at issue were endorsed. In an associated progress note of July 27, 2015, the attending provider acknowledged that the applicant was ambulating with the aid of a cane. The applicant reportedly had issues with hemiparesis. 2 to 3 Vicodin a day were endorsed. The attending provider stated that the applicant "functions at a sedentary level." The attending provider stated that the applicant was able to walk about a block continuously. The source of the applicant's hemiparesis and/or spasticity was not identified or discussed. Overall commentary was sparse. The attending provider stated that applicant's walking tolerance was diminished and that the applicant was having difficulty shopping. The applicant contented that the applicant should walk no more than a block continuously. On August 12, 2015, the applicant was described as having sustained cerebrovascular accident (CVA) during an earlier cervical spine surgery. The applicant was described as having residual

weakness about the left arm and left leg. The applicant was obese, with BMI of 35. The applicant had history of sleep apnea, stroke, prostate cancer, and earlier laminectomy surgery. The applicant was on Norco, it was reported. The applicant was described as having left-sided weakness. The applicant was considering a total shoulder replacement procedure, it was incidentally noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motor scooter: 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), Ankle & Foot, Power mobility devices.

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

Decision rationale: Yes, the request for a motorized scooter was medically necessary, medically appropriate, and indicated here. While page 99 of MTUS Chronic Pain Medical Treatment Guidelines stipulates that power mobility device such as scooter in question are not recommended if an applicant's functional mobility deficits can be sufficient resolved through usage of a cane, walker, and/or manual wheelchair, here, however, the requesting provider(s) seemingly contended that the applicant had permanent residuals of and/or permanent sequela associated with a stroke, which were causing spasticity, left-sided hemiparesis, easy fatigability, and reported inability to walk more than a block continuously. The attending provider's progress note of July 27, 2015 stated that the applicant was unable to participate or engage in shopping at a store owing to residuals of the stroke. Progress notes of July 27, 2015 and August 12, 2015, thus, did strongly suggest that the applicant's functional mobility deficits had not, in fact, been sufficiently remediated through provision of a cane alone. Introduction of the motorized scooter in question, thus, was indicated. Therefore, the request was medically necessary.

Hospital bed: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.cms.gov/medicare-coverage-database/details.ncd-details.aspx?NCID=227&ncdver=1&DocID=2.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Chronic Pain, pg. 861 2. Recommendation: Specific Beds or Other Commercial Sleep Products for Chronic Pain Syndromes Specific beds or other commercial sleep products are not recommended for treatment of chronic pain syndromes. Strength of Evidence - Not Recommended, Insufficient Evidence (I).

Decision rationale: Conversely, the request for a hospital bed was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Chronic Pain Chapter notes that specific beds or other commercial sleep products are not recommended for treatment of chronic pain syndrome. Here, the attending provider failed to furnish a clear or compelling rationale for provision of the hospital bed in the face of the unfavorable ACOEM position on the same. The attending provider's July 27, 2015 progress note did not furnish a clear or compelling rationale for the request. There was no mention of the applicant's having specific mobility and/or functional deficits, which would have compelled provision of the hospital bed. Rather, it appears that the attending provider was seeking authorization for the device for chronic pain purposes alone, i.e., a role for which beds are not recommended, per the Third Edition ACOEM Guidelines Chronic Pain Chapter. Therefore, the request was not medically necessary.