

Case Number:	CM15-0204201		
Date Assigned:	10/21/2015	Date of Injury:	10/07/2004
Decision Date:	12/24/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/17/2015

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

Certification(s)/Specialty: Emergency 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 60 year old female with a date of injury on 10-07-2004. The injured worker is undergoing treatment for enthesopathy of the hip and general osteoarthritis, status post right total ankle replacement, and removal of right fibula hardware in April of 2015. A physician progress note dated 09-15-2015 documents the injured worker's is the same from the previous visit. She is sleeping 3-4 hours at night and takes a ½ hour nap during the day. She is able to perform activities such as bathing, dressing and toileting on her own. She rates her pain as 6 out of 10 with meds and 7-8 out of 10 without meds. She goes to the gym at least 3 times a week for exercise and this results in increased ability to balance strength and improved emotional and wellbeing. The Ketamine to her knees, ankles and hips provide a moderate reduction in pain without drowsiness. She takes Tramadol but it does make her tired. Her polyarthropathy joints greatly limit her ambulation. She has x rays scheduled. She is working part time. Treatment to date has included diagnostic studies, medications, physical therapy, and gym membership for exercising. Current medications included Ketamine cream, 10 Xanax a month, Nexium, Albuterol, and Tramadol. The Request for Authorization dated 09-15-2015 includes hand control for car; Compound Ketamine based cream, Orthotics for shoes-1 pair, Scooter, and Scooter rack for car. On 09-22-2015 Utilization Review non-certified the request for hand control for car, Compound Ketamine based cream, Orthotics for shoes-1 pair, Scooter, and Scooter rack for car.

IMR ISSUES, DECISIONS AND RATIONALES

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

Scooter: 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), Ankle and Foot Chapter.

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

Decision rationale: The request is for the use of a power mobility device. The MTUS guidelines state the following regarding this topic: 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. 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. In this case, the use of a PMD is not indicated. This is secondary to inadequate documentation of a deficit would could not be resolved with a cane, walker, or manual wheelchair in this ambulatory patient. As such, the request is not medically necessary.

Scooter rack for car: 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), Ankle and Foot Chapter.

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

Decision rationale: The request is for the use of a rack for a power mobility device. The MTUS guidelines state the following regarding this topic: 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. 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. In this case, the use of a PMD rack is not indicated. This is secondary to inadequate documentation of a deficit would could not be resolved with a cane, walker, or manual wheelchair in this ambulatory patient. As such, the request is not medically necessary.

Hand control for car: 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), Ankle and Foot Chapter.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: The request is for hand controls for a vehicle. The ACOEM does not address this specifically but states that ergonomic adjustments should be made in order to prevent injury and maintain a safety. In this case, the request is not indicated. This is secondary to inadequate documentation of lower extremity strength deficit to the point of requiring hand control installation. As such, this would not be needed. Therefore the request is not medically necessary.

Orthotics for shoes, 1 pair: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Foot and Ankle (Acute & Chronic)/Orthotic devices.

Decision rationale: The request is for orthotic shoe inserts. The official disability guidelines state the following regarding this topic: Recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. See also Prostheses (artificial limb). Both prefabricated and custom orthotic devices are recommended for plantar heel pain (plantar fasciitis, plantar fasciosis, heel spur syndrome). In this case, the use of customized foot orthotics is not guide-supported. This is secondary to no documentation stating the patient has either plantar fasciitis or rheumatoid arthritis. As such, it is not medically necessary.

Compound Ketamine based cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

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

Decision rationale: The request is for the use of Ketamine for topical use to aid in pain relief. The MTUS guidelines state the following regarding its use: "Ketamine: Under study: Only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Topical ketamine has only been studied for use in non-controlled studies for CRPS I and post-herpetic neuralgia and both have shown encouraging results. The exact mechanism of action remains undetermined. (Gammaitoni, 2000) (Lynch, 2005) See also Glucosamine (and Chondroitin Sulfate)." In this case, the use of this product is

not indicated for the indication listed. This is secondary to poor scientific evidence of efficacy for the patient's condition when applied topically. As such, the request is not medically necessary.