MAXIMUS Federal Services

Case Number:	CM15-0021212		
Date Assigned:	02/10/2015	Date of Injury:	05/08/2002
Decision Date:	03/25/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/03/2015

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: 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 66 year old female, who sustained an industrial injury on 05/08/2002. On progress note dated 12/30/2014 the injured worker has reported lower back pain that radiates to bilateral legs with numbness of bilateral legs. Examination was noted as having pain at both lower extremities and left hip area, diffuse tenderness was noted at L4 spine level and SI joint, diffuse decreased sensation to palpation of both legs and diffuse restricted ranges of motion was noted. There was no demonstrated motor weakness noted. The injured worker was noted to have deferred lumbar epidural steroid injection recommendation. The diagnoses have included lumbar intervertebral disc without myelopathy. Treatment plan included wheelchair, folding walker, hospital bed, neurosurgical consultation and medication. On 01/14/2015 Utilization Review non-certified folding wheelchair, folding walker and hospital bed as not medically necessary. The ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Folding wheelchair: 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) Treatment Index, 11th Edition (web), 2014, Knee, Durable medical equipment (DME)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment in Workers Compensation, 5th Edition, 2009, Wheelchair for leg

Decision rationale: The claimant's clinical assessment of lumbar radiculopathy does not support the use of a wheelchair, whether powered or self-propelled. It would appear that the use of a wheelchair may actually be detrimental to this claimant by encouraging less rather than more physical activity. Per Guidelines regarding mobility devices such as wheelchairs are not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient has sufficient lower extremity function. 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 wheelchair is not essential to care. The criteria for the mobility device have not been met from the submitted reports. There is no documented specific clinical motor or neurological deficits of the upper or lower extremities to contradict the use of the single point cane for support as the patient remained ambulatory. The 1 Folding wheelchair is not medically necessary and appropriate.

1 Folding walker: 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) Treatment Index, 11th Edition (web), 2014, Knee, Durable medical equipment (DME)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Rolling knee walker, page 39, pages 358-359

Decision rationale: Per Guidelines, disability, pain, and age-related impairments seem to determine the need for a walking aid; however, medical necessity for request of walker has not been established as no specific limitations in ADLs have been presented. The patient is currently ambulatory for the chronic pain complaints. Submitted reports have not demonstrated specific difficulties or neurological deficits defined that would hinder any ADLs. Exam had found diffuse tenderness and decreased sensation without motor weakness in bilateral extremities. The patient has been participating in outpatient office visits without issues and does not appear to be home bound. Submitted reports have not demonstrated adequate support for this from a clinical perspective without new acute injury or red-flag conditions. The 1 Folding walker is not medically necessary and appropriate.

1 Hospital bed: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Official Disability Guidelines (ODG) Treatment Index, 11th Edition (web), 2014, Knee, Durable medical equipment (DME)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Chapter Low Back, Ortho Mattress, pages 459-460

Decision rationale: MTUS/ACOEM Guidelines do not address hospital bed or orthopedic mattress. ODG does note hospital bed as part of hospitalization and inpatient stay. The Guidelines does not recommend specialized hospital bed/mattresses for spinal injuries. Mattress selection is subjective and depends on personal preference and individual factors. There is no report of low back condition in the absence of unstable spinal fractures or cauda equine syndrome. The patient is not s/p any surgery with reported post-operative complications, extenuation circumstances, or co-morbidities to support for the request beyond guidelines criteria. Clinical exam has unchanged chronic neurological findings without history of spinal cord injury to support for hospital bed. Per Medicare criteria for hospital bed coverage, a hospital bed may be an option for consideration when the patient's condition require special fixed attachment not afforded on an ordinary bed or special mechanical positioning to prevent pressure sores or respiratory infections not applicable in this present case. Submitted reports have not addressed or demonstrated medical necessity to support for this hospital bed with comfortable mattress. The 1 Hospital bed is not medically necessary and appropriate.