

Case Number:	CM15-0035853		
Date Assigned:	03/04/2015	Date of Injury:	07/30/2012
Decision Date:	04/15/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/25/2015

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 32 year old male, who sustained an industrial injury on 7/30/12. He has reported neck, skull fracture, right wrist fracture and left rotator cuff tear. The diagnoses have included paraplegia, unspecified muscle spasms, midfoot and lateral ankle sprain and status post cervical and thoracic fusion. Treatment to date has included right hip intra-articular steroid injection, physical therapy and oral medications. (MRI) magnetic resonance imaging of right hip performed on 3/31/14 revealed extensive myositis ossifications and extensive edema deep to the iliotibial band at the level of the great trochanter. Currently, the injured worker complains of increased spasms of legs with intermittent swelling of feet. Physical exam dated 1/9/15 revealed left foot with slight swelling at metatarsal head and palpation caused spasms. On 2/11/15, Utilization Review non-certified bilateral KAFOs, noting the documentation fails to provide the knees, ankles and feet are unstable and easy stand glider, noting the lack of documented evidence to support the need. The MTUS, ACOEM Guidelines and ODG were cited. On 2/25/15, the injured worker submitted an application for IMR for review of bilateral KAFOs and easy stand glider.

IMR ISSUES, DECISIONS AND RATIONALES

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

One bilateral KAFOs: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371 - 372.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA guidelines (http://www.aetna.com/cpb/medical/data/500_599/0565.html).

Decision rationale: The patient presents with unrated right hip discomfort and bilateral lower extremity paralysis/parasthesia with associated muscle spasms of the lower extremities. The patient's date of injury is 07/30/12. Patient is status post right hip intra-articular steroid injection at a date unspecified, and status post surgical intervention immediately following surgeries to correct deformity and skull fracture - the exact surgical interventions were not provided. The request is for ONE BILATERAL KAFOs. The RFA is dated 02/02/15. Physical examination dated 01/09/15 reveals swelling to the left foot and spasms upon palpation of the extremity. The progress note is handwritten and the remaining findings are illegible. The patient's current medication regimen was not provided. Diagnostic imaging included MRI of the right hip dated 03/27/14, significant findings include: "there is a mass like structure starting at the level of the anterior superior iliac spine and extending along the anterior aspect of the proximal femur... peripheral ossification and a soft tissue component, compatible with patient's known history of myositis ossifications... there is extensive edema deep to the proximal iliotibial band at the level of the greater trochanter." Patient is permanently disabled. KAFO braces are full-length leg braces intended for patients who suffer from weakness and instability to the lower extremities. While MTUS and ODG do not specifically address this, AETNA guidelines (http://www.aetna.com/cpb/medical/data/500_599/0565.html) considers it medically necessary for ambulatory patients with weakness or deformity of the foot and ankle requiring stabilization for medical reasons and have the potential to benefit functionally. This patient does present with partial paralysis of the legs from skull and spine fractures, for which the use of KAFOs appear reasonable. Review of the reports does not show that this patient has a pair of KAFOs to aid in ambulation. Given this patient's incomplete paraplegia, lower extremity spasms, and ossification of the right hip, bracing could provide some degree of leg stability to improve this patient's function. Therefore, the request IS medically necessary.

One easy stand glider: 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), Knee Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines knee and leg chapter, exercise equipment, DME.

Decision rationale: The patient presents with unrated right hip discomfort and bilateral lower extremity paralysis/parasthesia with associated muscle spasms of the lower extremities. The patient's date of injury is 07/30/12. Patient is status post right hip intra-articular steroid injection

at a date unspecified, and status post surgical intervention immediately following surgeries to correct deformity and skull fracture - the exact surgical interventions were not provided. The request is for ONE EASY STAND GLIDER. The RFA is dated 02/02/15. Physical examination dated 01/09/15 reveals swelling to the left foot and spasms upon palpation of the extremity. The progress note is handwritten and the remaining findings are illegible. The patient's current medication regimen was not provided. Diagnostic imaging included MRI of the right hip dated 03/27/14, significant findings include: "there is a mass like structure starting at the level of the anterior superior iliac spine and extending along the anterior aspect of the proximal femur... peripheral ossification and a soft tissue component, compatible with patient's known history of myositis ossifications... there is extensive edema deep to the proximal iliotibial band at the level of the greater trochanter." Patient is permanently disabled. The easy stand glider is a machine designed for wheelchair bound patient, it allows a patient to easily transfer from a chair into the device to exercise. ODG Guidelines under the knee and leg chapter, exercise equipment states that "exercise equipment is considered not primarily medical in nature." ODG Guidelines then refers to the durable medical equipment section under the knee and leg chapter, which requires that the equipment must have a primary medical purpose. ODG Guidelines also does not consider one exercise superior to another. ODG Guidelines states that the term DME is defined as equipment which: 1. Can withstand repeated use, i.e., not 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. In this case, the request for a proprietary exercise machine designed for paraplegic patients appears reasonable. This patient presents with significant and continuing disability secondary to his spinal cord injury and incomplete paraplegia. Several included physical therapy notes document that this patient is able to utilize an elliptical and ambulate with supportive devices. ODG indicate that exercise machines are appropriate if several conditions are met. In regard to those conditions: This device can withstand repeated use, serves a medical purpose as it will allow this patient to exercise to prevent further non-use deterioration, is not useful in the absence of illness or injury, and is appropriate for use in the home. Given this patient's condition and the nature of this home exercise machine, the request IS medically necessary.