

Case Number:	CM15-0036428		
Date Assigned:	03/04/2015	Date of Injury:	10/01/2009
Decision Date:	04/08/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/26/2015

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: California

Certification(s)/Specialty: Orthopedic Surgery, Sports 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 63-year-old male who reported an injury on 10/01/2009. The mechanism of injury was due to a trip and fall. His diagnoses include lumbar spinal stenosis and lumbar disc bulge with left sided S1 radiculopathy. His past treatments included medications, splint, Aerosole shoes, wide shoes, and toe separators. On 01/07/2015, the injured worker complained of low back pain that radiated down the left lower extremity. The physical examination of the lumbar spine revealed spasms of the left lower lumbar region, with evidence of increased pain with motion. There was also tenderness upon palpation at the left lower lumbar area. The injured worker had a positive Lasegue's test on the left. The range of motion of the lumbar spine revealed flexion at 60 degrees, extension at 20 degrees, right lateral bend at 20 degrees and left lateral bend at 20 degrees. The injured worker was also noted to have decreased sensation to the dorsal aspect of the left foot and normal motor and deep tendon reflexes. The treatment plan included a wheelchair motorized uni, and orthopedic shoes with inserts. A rationale was not provided. A Request for Authorization form was submitted on 01/19/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wheelchair Motorized: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices (PMDs) Page(s): 99.

Decision rationale: According to the California MTUS Guidelines, powered mobility devices are not recommended if functional ability deficits can be sufficiently resolved by the prescription of a cane or walker, the patient has sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver who is available and willing to provide assistance with a manual wheelchair. The injured worker was indicated to have complaints of low back pain. However, the physical examination failed to provide evidence in regard to documentation of upper extremity weakness that would prevent the use of a non-motorized wheelchair. In addition, there was lack of documentation in regard to a caregiver or family member to provide assistance for mobilization. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Orthopedic shoes with inserts: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371.

Decision rationale: According to the California MTUS/ACOEM Guidelines, rigid orthotics, including full shoe length inserts, are indicated to help reduce pain experienced during walking for patients with plantar fasciitis and metatarsalgia. The injured worker was indicated to have chronic low back pain. However, there was a lack of documentation to indicate the injured worker had metatarsalgia. There was also lack of documentation in regard to off the shelf orthotics or limb abnormalities requiring the medical necessity of custom fit orthotics. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.