

<b>Case Number:</b>	CM15-0049656		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	11/08/2000
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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, California  
 Certification(s)/Specialty: Family Practice

### 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 46 year old male, who sustained an industrial injury on 11/8/2000. The patient has had crushing injury in ankle. The patient had large open wound over left side of ankle in 2000 by forklift. He had 2-3 surgeries for debridement and skin graft. He reported large wound of left foot. The injured worker was diagnosed as having degloving injury left lower extremity, crushing injury of left ankle, sprain of unspecified site of bilateral knee and leg, lumbar sprain and unspecified site of right foot sprain. Treatment to date has included oral pain medications, heat, activity restrictions, orthotics, compression stockings and Tens unit. Currently, the injured worker complains of constant pain in right lower back and constant pain in bilateral feet with numbness and tingling of bilateral feet. The injured worker states the pain medications help to relieve the pain. Palpation of lower back revealed severe paraspinal tenderness, muscle guarding and spasms bilaterally. Palpation of feet revealed nonspecific tenderness at both ankles and feet and severe tenderness at the medial and lateral aspect of the left foot. The treatment plan consisted of a heating/cooling unit, moist heat pad, electric wheelchair and new shoes/boots. Per the doctor's note dated 1/15/15 patient had complaints of pain in low back left knee and left ankle with numbness and tingling. Physical examination revealed antalgic gait, positive SLR and Patrick Fabere test, tenderness on palpation, muscle spasm, limited range of motion of the lumbar spine, ankle and feet. Per the doctor's note dated 2/20/15 patient had complaints of pain in low back right knee and left ankle with numbness and tingling at 7-9/10. Physical examination revealed antalgic gait, positive SLR and Patrick Fabere test, tenderness on palpation, muscle spasm, limited range of motion of the lumbar spine, ankle

and feet, painful heel and toe walk and difficult to perform. The medication list include Norco and Ativan. The patient had used customized orthotics and shoes.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Automatic nervous system (ANS) testing:** 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)-pain, Automatic nervous system (ANS) testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Autonomic nervous system function testing Pain (updated 04/30/15).

**Decision rationale:** As per cited guideline, "Autonomic nervous system function testing: Not generally recommended as a diagnostic test for CRPS." The autonomic system manages all internal functions such as blood pressure, blood flow, and sweating. Autonomic tests are conducted to see if the autonomic nervous system is functioning normally. Autonomic testing can help determine if a patient is suffering from certain diseases that attack the autonomic nervous system, or as a way to diagnose an illness, or source of pain. As per records provided, patient has had normal vitals. Any evidence of abnormalities in Autonomic nervous system was not specified in the records provided. A recent detailed examination of the Autonomic nervous system was not specified in the records provided. Rationale for Autonomic nervous system was not specified in the records provided. The request for Automatic nervous system (ANS) testing is not medically necessary for this patient.

**Batteries for old wheelchair:** 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 MTUS, page 99 Power mobility devices (PMDs) Power mobility devices (PMDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (updated 02/27/15) Wheelchair.

**Decision rationale:** Request: Batteries for old wheelchair Per the CA MTUS chronic pain guidelines cited below, Power mobility devices 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 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." The absence of a care giver who can propel a manual wheel chair is not specified in the records provided. Any significant weakness of the upper and lower extremities or any other medical conditions that will compromise the patient's ability to ambulate by herself or with the help of a walker or cane, is

not specified in the records provided. The medical necessity of a powered wheel chair is not fully established, therefore the request for Batteries for old wheelchair is not medically necessary in this patient.