

Case Number:	CM15-0084570		
Date Assigned:	05/06/2015	Date of Injury:	02/14/2011
Decision Date:	06/05/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/04/2015

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: Florida

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 41-year-old male, who sustained an industrial injury on 2/14/11. The injured worker has complaints of left lower extremity pain. The diagnoses have included complex regional pain syndrome (CRPS); left knee internal derangement and anxiety with depression. Treatment to date has included physiotherapy; left knee scope in 2011; spinal cord stimulator placement in 2013; psychological support; biofeedback specialist; bracing physical therapy and an arthroscopic procedure on 5/22/11. The request was for referral to neurologist and wheelchair lift.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to neurologist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 7, Consultations and Referrals.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines occupational practice medicine guidelines Page(s): 2-3.

Decision rationale: The California MTUS guidelines state, "Referral is indicated in cases where the health care provider has a lack of training in managing the specific entity, is uncertain about the diagnosis or treatment plan, or red flags are present. If significant symptoms causing self-limitations or restrictions persist beyond 4-6 weeks, referral for specialty evaluation (e.g., occupational medicine, physical medicine and rehabilitation, or orthopedic surgery) may be indicated to assist in the confirmation of the provisional diagnosis and to define further clinical management." Regarding this patient's case, a Neurology referral has been requested. However, it is not clear as to why the patient is being referred to a Neurologist. This request cannot be considered medically necessary without clarification from the requesting physician.

Wheelchair lift: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.cigna.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Premera Blue Cross, Utilization Management Guideline, Patient Lifts (E0630, E0639), Effective Feb 10th 2015, https://www.premera.com/medicalpolicies/cmi_044387.htm.

Decision rationale: MTUS, ACOEM, and ODG guidelines do not address this request. Therefore, alternative sources were referenced. Aetna uses the following below criteria for determining coverage of patient lifts. Multiple insurance companies appear to use similar criteria. The member must be incapable of standing up from a regular armchair at home, the member must have severe arthritis of the hip or knee, or have severe neuromuscular disease, the seat lift mechanism must be prescribed to effect improvement, or arrest or retard deterioration in the member's condition, and once standing, the member must have the ability to ambulate. This patient's case does not full fill the above listed criteria. The documentation contains conflicting statements. At one point it is stated that is he is "ambulatory with the use of his wheel chair," and at another point in the documentation it is stated that he is "wheel chair bound." No physical therapy evaluations are provided regarding if this patient is able to manage maneuvering his wheel chair without a wheel chair lift. Likewise, this request for a wheel chair lift is not considered medically necessary without further clarification.