

Case Number:	CM15-0086562		
Date Assigned:	05/11/2015	Date of Injury:	02/16/2009
Decision Date:	06/09/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/05/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 64 year old female, who sustained an industrial injury on February 16, 2009. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having bilateral knee compartment arthrosis, left foot and ankle contusion, severe antalgic gait secondary to right knee and obesity, sleep apnea, and chronic heart failure. Treatment to date has included a mobility scooter, a wheeled walker, and pain medication. On April 6, 2015, the injured worker complains that her mobility scooter is malfunctioning by not starting or quitting when she is a short way from her home. She reports her knee gives out, which enables her to walk short distances only. She has fallen a few times on her bed or next to a couch or chair since the last visit. She has no injuries as a result of falling. The physical exam revealed she is obese and inability to ambulate without severe right lower extremity pain and due to her weight. The right knee exam revealed loss of bony landmarks, excess tissue surrounding her knee due to obesity, medial and lateral joint line tenderness, and mild crepitus with range of motion. The treatment plan includes refilling her Tylenol with Codeine #3 and a mobility scooter with continuous lift repairs. The injured worker remains permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol with Codeine #3 300/30mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work injury in February 2009 and continued to be treated for severe right knee pain. When seen, she was unable to ambulate without severe right lower extremity pain. The claimant is noted to be morbidly obese with an BMI of over 55. Medications being prescribed included Tylenol number three at a total MED (morphine equivalent dose) of 9 mg per day. The claimant uses a scooter as a vehicle left. The assessment references both leading repairs. Prior notes reference the member as able to ambulate short distances in her home with a rolling walker. Tylenol #3 (codeine/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED (morphine equivalent dose) is less than 120 mg per day, there is no documentation that medications are providing decreased pain, increased level of function, or improved quality of life. Therefore, the continued prescribing of Tylenol #3 was not medically necessary.

New Mobility Scooter and Continuous Lift Repairs: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The claimant sustained a work injury in February 2009 and continued to be treated for severe right knee pain. When seen, she was unable to ambulate without severe right lower extremity pain. The claimant is noted to be morbidly obese with an BMI of over 55. Medications being prescribed included Tylenol number three at a total MED (morphine equivalent dose) of 9 mg per day. The claimant uses a scooter as a vehicle left. The assessment references both leading repairs. Prior notes reference the member as able to ambulate short distances in her home with a rolling walker. Patients whose diagnoses are limited to non-neurological conditions such as COPD, congestive heart failure, coronary artery disease, arthritis, or obesity rarely qualify for coverage of a power mobility device (PMD). PMDs 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. If there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care. In this case, the requested scooter and lift are not intended for use in the member's home for essential activities of daily living. The claimant is able to ambulate with a walker and the information provided does not confirm that the mobility deficit cannot be

resolved through the use of an optimally configured bariatric manual wheelchair. She has no apparent upper extremity impairment. Therefore the request is not medically necessary.