

Case Number:	CM14-0138355		
Date Assigned:	09/05/2014	Date of Injury:	12/23/2006
Decision Date:	11/19/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/26/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for a traumatic brain injury and quadriplegia reportedly associated with an industrial injury of December 23, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; an intrathecal infusion pump; transfer of care to and from various providers in various specialties; and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated July 29, 2014, the claims administrator denied a request for an outdoor adventure, a follow through home evaluation, and a program activity. The claims administrator stated that it had asked the attending provider to detail what some of these request represented but the attending provider had failed to respond. The applicant's attorney subsequently appealed. In a July 16, 2014 progress note, the applicant underwent a refill and programming of an intrathecal infusion pump to ameliorate a diagnosis of spastic quadriparesis. The applicant was apparently receiving Lyrica and Topamax along with intrathecal Baclofen, it was stated. In a progress note dated July 10, 2014, the applicant was described as visiting a hotel. It was stated that the applicant had lost weight by exercising. The attending provider suggested that the applicant attend a "[REDACTED]" project work activity-based therapy to obtain an exercise program. It was stated that the applicant's mood remain better controlled. The applicant was using Naproxen, Topamax, Bactrim, Hytrin, and intrathecal Baclofen, it was stated. The applicant carried diagnosis of traumatic brain injury secondary to gunshot wound with resultant spastic quadriparesis, it was stated. The applicant also had neurocognitive deficits. A follow through the home evaluation was apparently sought, along with an outdoor adventure program and activity-based program at a rate of two times a week times three months. It was state that the applicant was continuing with exercise of his own accord, however. The applicant was described as seeming healthy. Other portions of the attending provider's progress note stated that the

applicant was having difficulty performing some exercises and was expressing some concerns about immobility. The applicant had apparently received some home modifications. The applicant apparently wanted someone to inspect the home modifications and determine whether they were working or not.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED]: Overturned

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 Physical Medicine topic Page(s): 98. Decision based on Non-MTUS Citation Product description.

Decision rationale: Based on the product description, the camp at issue represents a three-day sports camp for applicants with disabilities. The program is described as focusing on abilities and not disabilities and apparently encourages applicants to try and maintain optimum levels of activity. The program also apparently encourages applicants to try out new sports, exercises, and/or activities. As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, home exercises can include "functional activities with assistive devices." In this case, the applicant has apparently sustained a profound injury resulting in quadriplegia. The applicant has apparently developed some mobility deficits, was having difficulty ambulating, and apparently needs some formalized instruction to facilitate home exercises. The three-day program proposed here, thus, will likely play an instructive role and theoretically facilitate the applicant's performing home exercises of his own accord following completion of the program. The program, it is incidentally noted, is tailored to applicants with disabilities such as the applicant. It appears that earlier instruction has been lacking as the applicant apparently has some residual deficits in terms of performance of home exercises. Provision of the three-day **[REDACTED]** will likely be beneficial here, given the nature, magnitude, and scope of the applicant's deficits. Therefore, the request is medically necessary.

1 follow through home evaluation: Overturned

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 CRPS, Treatment topic Page(s): 40.

Decision rationale: In this case, it appears that the applicant has received some ergonomic home modifications to facilitate his moving about the house in an effort to try and ameliorate some of the deficits associated with his gunshot wound-induced quadriplegia. While the MTUS does not specifically address the topic of ergonomic evaluations and/or follow through evaluations following previously implemented ergonomic modifications, page 40 of the MTUS Chronic Pain

Medical Treatment Guidelines does note that "normalization of use" and "modifications at home" are part and partial of treatment for complex regional pain syndrome. In this case, the applicant has expressed some concerns about the integrity of previously performed home modifications. A follow through evaluation to ensure that the home modifications are functional is indicated. Therefore, the request is medically necessary.