

Case Number:	CM14-0162011		
Date Assigned:	10/07/2014	Date of Injury:	01/08/2002
Decision Date:	11/04/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/02/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 57 years old male with an injury date on 01/08/2002. Based on the 08/27/2014 progress report provided by [REDACTED], the diagnoses are: 1. Spinal fracture status post instrumentation and fusion from T12 through L2 with [REDACTED]. [REDACTED] has since then conservative care. 2. The patient has internal derangement of the knee on the right status post intervention twice with residual loss of motion. 3. Internal derangement of the knee on the left with meniscal abnormality by MRI, for which surgical intervention is pending. Disability status: Not P&S. Future TX surgical intervention left knee. According to this report, the patient complains of lower backache and bilateral knee pain. Pain is rated as an 8/10 with medication and a 10/10 with medications. Physical exam reveals restricted range of motion of the lumbar spine and bilateral knee. Tenderness, hypertonicity, spasm, tight muscle band and trigger point is noted over the bilateral paravertebral muscles. Tenderness to palpation is noted over the lateral/medial joint line of the bilateral knee. Lumbar facet loading, right straight leg raise, Mc Murray's and patella grind test are positive. The 04/21/2014 report indicates the patient's pain is at a 10/10 for the low back, 8/10 for the knee, and 5/10 for the right elbow. "Functionally, patient is independent with ADLs (activities of daily living) but has a crane and electric scooter to help with ambulation at times." The patient can ambulate for 2 blocks, sit and stand for 20-30 minutes at a time. Patient has had failed cervical and lumbar epidurals; procedures "did not provide relief." There were no other significant findings noted on the reports. The utilization review denied the request on 09/09/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 02/26/2013 to 10/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 repair of existing scooter: 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) Power Mobility Devices (PMDs)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg chapter; Power mobility devices

Decision rationale: According to the 08/27/2014 report by [REDACTED] this patient presents with lower backache and bilateral knee pain. The treating physician is requesting a repair of existing scooter. Per treating physician, the patient "has a scooter that was provided by worker's comp in the past. He uses it when he has to go for prolonged distanced. He states it is broken." Patient currently has a crane and an electric scooter. MTUS, ACOEM, and ODG do not discuss repair of existing scooter but power mobility devices are discussed. ODG states, "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. Early exercise, mobilization and independence should be encouraged at all steps of the injury recovery process." Review of reports show no discussions of the patient's ambulation problems. No discussion of functional mobility deficit and the patient has a crane for mobility. MTUS further state "if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care." In this case, the patient already has a scooter and the request is for a repair; however, the treating physician does not mention what kind of repair is needed. MTUS page 8 requires that the treating physician provide monitoring of the patient's progress and make appropriate recommendations. The request is not medically necessary.

1 prescription of Norco 10/325 mg # 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain ; criteria for use of opioids Page(s): 60,61;88, 89 ; 76-78.

Decision rationale: According to the 08/27/2014 report by [REDACTED] this patient presents with lower backache and bilateral knee pain. The treating physician is requesting Norco 10/325 mg #180. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Norco was

first mentioned in the 02/26/13 report; it is unknown exactly when the patient initially started taking this medication. Review of report shows documentation of pain assessment using a numerical scale describing the patient's pain and some ADL's are discussed. However, no outcome measures are provided; No aberrant drug seeking behavior is discussed, and no discussion regarding side effects. There is no opiate monitoring such as urine toxicology. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. The request is not medically necessary.

1 right knee DonJoy uploader brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340.

Decision rationale: According to the 08/27/2014 report by [REDACTED] this patient presents with lower backache and bilateral knee pain. The treating physician is requesting 1 right knee Don Joy up loader brace." ACOEM guidelines page 340 state "A brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical." When ODG guidelines are consulted, criteria for knee bracing is much broader. Review of reports show that the patient has had two surgical interventions to the knee and appears indicated for a knee brace. However, the patient "has been approved for a brace" but states the brace is not providing adequate support. The treating physician does not discuss what is wrong with the previous brace, what was wrong with its fitting, why one was given to him that was inadequate and how the new Don joy is going to be any different. The request is not medically necessary.