MAXIMUS Federal Services

Case Number:	CM14-0168496		
Date Assigned:	10/16/2014	Date of Injury:	12/14/2004
Decision Date:	12/18/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/13/2014

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 & Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 12/14/04. A utilization review determination dated 10/2/14 recommends denial of Hoyer lift purchase, 4AP, another wheelchair evaluation, and gym membership x 1 year. A wheelchair evaluation was certified on another UR review note of 8/12/14. 8/4/14 medical report identifies a history of incomplete cervical spinal cord injury with T7 injury, neurogenic bowel, and neurogenic bladder secondary to neurocysticercosis. He has had recurrent urinary tract infections. He feels quite weak and has headaches. He has not had his 4AP authorized, which is utilized to increase potassium influx to the damaged area. "When he was on 4AP, he used a wheelchair for long distance mobility, but today ambulated within a hall. The patient has declined in function." The provider recommended a Hoyer lift as the patient has fallen. "He cannot get off the floor and requires Hoyer lift and also given his decreased level of function, it will help for transfers." Previous gym membership expired. He benefitted from a gym membership. On exam, strength was 2+ for flexion and extension of ankles and 3+ for hip and leg flexion and extension. There is decreased sensation. Recommendations include a Hoyer lift, case manager, gym membership, vitamin C, stool softener and Colace, 4AP, continued caregiver support 4 hours per day "as authorized, but apparently this has not taken place yet," and a wheelchair evaluation "as his current wheelchair is ill fitting and it does not work, does not run, in fact using a rolling wheelchair which is not the right type of wheelchair which will increase his risk for skin breakdown."

IMR ISSUES, DECISIONS AND RATIONALES

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

4AP 10mg #90: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: http://www.drugs.com/ppa/dalfampridine.html

Decision rationale: Regarding the request for 4-AP, this medication is also known as dalfampridine. CA MTUS and ODG do not address the issue. The FDA indication is to improve walking in patients with multiple sclerosis (MS). Within the documentation available for review, there is no indication that the patient has MS and there is no support for its use in the management of spinal cord injuries. In light of the above issues, the currently requested 4-AP is not medically necessary.

Hoyer Lift Purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross of California Medical Policy Durable Medical Equipement CG-DME-10

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Durable medical equipment (DME)

Decision rationale: Regarding the request for a Hoyer lift, CA MTUS and ODG do not specifically address the issue, although ODG does note that durable medical equipment is recommended generally if there is a medical need. Within the documentation available for review, the provider recommended a Hoyer lift as the patient has fallen and he cannot get off the floor. However, a patient cannot use the device unassisted to get up from the floor, bed, etc., and there is no indication of significant upper extremity weakness or another reason why the patient is unable to transfer independently or without an assistive device. In light of the above issues, the currently requested Hoyer lift is not medically necessary.

Another Wheel Chair Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

Decision rationale: Regarding the request for wheelchair evaluation, CA MTUS states that powered 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. Early exercise, mobilization and independence should be encouraged at all steps of the injury recovery process, and if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care. Within the documentation available for review, a wheelchair evaluation is recommended by the provider "as his current wheelchair is ill fitting and it does not work, does not run, in fact using a rolling wheelchair which is not the right type of wheelchair which will increase his risk for skin breakdown." However, a wheelchair evaluation was certified 8 days after the current request. In light of the above issues, the currently requested wheelchair evaluation is not medically necessary.

Gym Membership X1 Year: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Online Edition Chapter Forearm, Wrist and Hand Gym Memberships

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47.

Decision rationale: Regarding request for gym membership, Chronic Pain Medical Treatment Guidelines state that exercise is recommended. They go on to state that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. ODG states the gym memberships are not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be a risk of further injury to the patient. Within the documentation available for review, there is no indication that the patient has failed a home exercise program with periodic assessment and revision. Additionally, there is no indication that the patient has been trained on the use of gym equipment, or that the physician is overseeing the gym exercise program. The provider notes that the patient benefitted from gym membership, but there was no documentation identifying which specific functional improvement was noted. In light of the above issues, the currently requested gym membership is not medically necessary.