

Case Number:	CM14-0169141		
Date Assigned:	10/17/2014	Date of Injury:	06/09/2005
Decision Date:	12/19/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/14/2014

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 Internal 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 injured worker sustained a work related injury on June 9, 2005. The exact mechanism of the work related injury was not provided in the documentation supplied. The injured worker was noted to have undergone multilevel laminectomy and instrument fusion of L2-L5 on April 2, 2013, complicated by an epidural hematoma. On February 13, 2014, the injured worker underwent a corpectomy of L5 with bone graft strut placement, with dense inflammation of the spine noted and suture repair of left iliac vein required. On February 16, 2014, the injured worker was taken into the operating room for an inferior vena cava filter placement for a left lower extremity deep vein thrombosis. On June 5, 2014, the injured worker was admitted to the hospital for chest pain, with a nuclear stress test negative for significant myocardial ischemia. The Primary Treating Physician's report dated June 27, 2014, noted the injured worker's back pain slowly improving since surgery with the listed diagnoses as right wrist sprain, proximal radial fracture, bilateral foot drop, lumbar radiculopathy L4-L5 confirmed by EMG, Grade 1 spondylolisthesis L3-L4 and L4-L5, L2-L5 stenosis, status post evacuation of epidural hematoma April 6, 2013, possible pseudarthrosis L4-L5, and major depression. The Primary Treating Physician's report of September 26, 2014, noted the injured worker presented in a wheelchair, and continued to have lower back pain and numbness in the feet bilaterally. Physical examination was noted to show palpable tenderness of the left greater than right lumbar paravertebral muscles and midline lower lumbar spine. Evidence of tenderness over the left sacroiliac joint and over the sciatic notch was also noted. The Physician noted that the injured worker was participating in post-operative physical therapy and that the current wheelchair was broken and no longer functional, with a request for a replacement wheelchair and an extension of the previously approved internal medicine consult. On October 9, 2014, Utilization Review evaluated the request for a replacement wheelchair and a consult with internal medicine, citing

the Official Disability Guidelines, Knee and Leg, Acute and Chronic updated August 25, 2014. The UR Physician noted that there was no objective documentation supporting inadequacy of the current wheelchair to support the need for an additional wheelchair. Documentation of inadequacy of the primary care evaluation for postoperative deep vein thrombosis or current diabetes management had also not been documented. The UR Physician noted that the request for a replacement wheelchair and an internal medicine consult was recommended for non-certification. The decisions were subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Replacement wheelchair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & Leg (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Leg and Knee Section, Wheelchair

Decision rationale: Pursuant to the Official Disability Guidelines, replacement wheelchair is not medically necessary. The guidelines state the manual wheelchair is recommended if the patient requires and will use a wheelchair to move around the residence, and is prescribed by a physician. A lightweight wheelchair is recommended if the patient cannot adequately self-propelled in the standard weight manual wheelchair. In this case, the progress note dated September 26, 2014 indicates the injured worker will continue with approved postoperative physical therapy. The documentation states the current wheelchair is broken and no longer functional. The treating physician's plan was to request a replacement wheelchair or fix the current wheelchair. Replacement wheelchair would not appear to be indicated, if and until, an attempt was made to repair the current wheelchair. It is unclear from the documentation where the repair was requested. Consequently, replacement wheelchair is not clinically indicated at this time and not medically necessary.

Consult with internal medicine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Office Visits

Decision rationale: Pursuant to the Official Disability Guidelines, consult with an internal medicine physician is not medically necessary. Office visits with physician evaluation are recommended if determined to be medically necessary. Evaluation and management outpatient visits to the offices of medical doctors play a critical role and should be encouraged. The need

for clinical office visit is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. In this case, the injured worker was being treated for a post-operative deep vein thrombosis. The injured worker had a history (pre-injury) of diabetes mellitus. The treating physician alleges the diabetes became uncontrolled in this post-operative. The medical record, however, does not contain any blood sugars that reflect uncontrolled diabetes mellitus. The treating physician can manage diabetes mellitus. Additionally, the diabetes mellitus has not been established to be causally related to the work injury. Uncontrolled blood sugars (that are not documented) standing alone are not indicative or causally related to her work injury. There are no signs and symptoms or clinical instability that warrant an internal medicine consultation. Consequently, an internal medicine consultation is not medically necessary.