

Case Number:	CM14-0182054		
Date Assigned:	11/06/2014	Date of Injury:	07/21/2000
Decision Date:	12/09/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/03/2014

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, 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:

According to the records made available for review, this is a 62-year-old female with a 7/21/00 date of injury. At the time (9/9/14) of the request for authorization for shoulder sling and bidet, transportation for appointments and gym, Prandin 0.5mg, and Synthroid 150mcg, there is documentation of subjective (residual severe pain and upper extremity loss of function) and objective (frozen shoulder bilaterally with severe upper extremity weakness, bilateral upper extremity tremor) findings, current diagnoses (bilateral frozen shoulder, upper extremity entrapment neuropathy, history of bilateral upper extremity complex regional pain syndrome type II in ulnar nerve distribution, left upper extremity tremor, history of toxic epidermal necrolysis secondary to Topamax/gabapentin, history of visual loss/amblyopia secondary to toxic medication exposure, sleep disorder, and adult-onset diabetes mellitus), and treatment to date (medication). Medical reports identify the patient is quite disabled and has difficulty wiping after toileting with loss of function in both upper extremities; and that her diabetes has been more difficult to control with increasing hyperglycemia and Prandin was added to treatment with Kombiglyze XR. Regarding bidet, there is no documentation that the request for a bidet represents medical treatment that should be reviewed for medical necessity. Regarding transportation for appointments and gym, there is no documentation of medically necessary appointments. Regarding Synthroid 150mcg, there is no documentation of hypothyroidism or pituitary TSH suppression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shoulder Sling and Bidet: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 205.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Immobilization Other Medical Treatment Guideline or Medical Evidence:
<http://www.cigna.com/healthcare-professionals/resources-for-health-care-professionals/clinical-payment-and-reimbursement-policies/medical-necessity-definitions>

Decision rationale: Regarding the requested shoulder sling, MTUS does not address the issue. ODG identifies immobilization is not recommended as a primary treatment. Regarding the requested bidet, MTUS and ODG do not address the issue. Medical Treatment Guidelines identify that the request represents medical treatment in order to be reviewed for medical necessity, as criteria necessary to support the medical necessity of bidet. Within the medical information available for review, there is documentation of diagnoses of bilateral frozen shoulder, upper extremity entrapment neuropathy, history of bilateral upper extremity complex regional pain syndrome type II in ulnar nerve distribution, left upper extremity tremor, history of toxic epidermal necrolysis secondary to Topamax/gabapentin, history of visual loss/amblyopia secondary to toxic medication exposure, sleep disorder, and adult-onset diabetes mellitus. However, there is no documentation that the request for a bidet represents medical treatment that should be reviewed for medical necessity. Therefore, based on guidelines and a review of the evidence, the request for Shoulder Sling and Bidet is not medically necessary.

Transportation for Appointments and Gym: 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 Official Disability Guidelines (ODG) Knee & Leg, Transportation

Decision rationale: MTUS does not address this issue. ODG identifies documentation of disabilities preventing patients from self-transport to medically necessary appointments, as criteria necessary to support the medical necessity of Transportation. Within the medical information available for review, there is documentation of diagnoses of bilateral frozen shoulder, upper extremity entrapment neuropathy, history of bilateral upper extremity complex regional pain syndrome type II in ulnar nerve distribution, left upper extremity tremor, history of toxic epidermal necrolysis secondary to Topamax/gabapentin, history of visual loss/amblyopia secondary to toxic medication exposure, sleep disorder, and adult-onset diabetes mellitus. In addition, given documentation that the patient is quite disabled and has loss of function in both upper extremities, there is documentation of disabilities preventing the patient from self-transport. However, given documentation of a request for transportation for appointments and gym, and given no documentation of appointments and gym membership that has been

authorized/certified, there is no documentation of medically necessary appointments. Therefore, based on guidelines and a review of the evidence, the request for Transportation for Appointments and Gym is not medically necessary.

Prandin 0.5mg: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Meglitinide analogues

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes, Glinides

Decision rationale: MTUS does not address the issue. ODG identifies failure of first-line treatment, as criteria necessary to support the medical necessity of glinides. Within the medical information available for review, there is documentation of diagnoses of bilateral frozen shoulder, upper extremity entrapment neuropathy, history of bilateral upper extremity complex regional pain syndrome type II in ulnar nerve distribution, left upper extremity tremor, history of toxic epidermal necrolysis secondary to Topamax/gabapentin, history of visual loss/amblyopia secondary to toxic medication exposure, sleep disorder, and adult-onset diabetes mellitus. In addition, given documentation that her diabetes has been more difficult to control with increasing hyperglycemia and Prandin was added to treatment with Kombiglyze XR, there is documentation of failure of first-line treatment. Therefore, based on guidelines and a review of the evidence, the request for Prandin 0.5mg is medically necessary.

Synthroid 150mcg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Associations of Clinical Endocrinologists

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: Food and Drug Administration

Decision rationale: MTUS and ODG do not address the issue. The Food and Drug Administration identifies Synthroid is indicated for hypothyroidism and pituitary TSH suppression. Within the medical information available for review, there is documentation of diagnoses of bilateral frozen shoulder, upper extremity entrapment neuropathy, history of bilateral upper extremity complex regional pain syndrome type II in ulnar nerve distribution, left upper extremity tremor, history of toxic epidermal necrolysis secondary to Topamax/Gabapentin, history of visual loss/amblyopia secondary to toxic medication exposure, sleep disorder, and adult-onset Diabetes mellitus. However, there is no documentation of Hypothyroidism or pituitary TSH suppression. Therefore, based on guidelines and a review of the evidence, the request for Synthroid 150mcg is not medically necessary.