

Case Number:	CM14-0163198		
Date Assigned:	10/08/2014	Date of Injury:	11/20/2006
Decision Date:	05/01/2015	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/03/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a 47-year-old male who sustained an industrial injury on 11/20/2006. The initial reported of injury was difficult to determine from the medical record. The injured worker was diagnosed as having: status-post traumatic herniated cervical pulposus, with cervical discectomy and fusion; moderate to severe spinal pain; incomplete cervical myelopathy with thoracic 7-12 spinal cord injury and incomplete cord lesion quadraparesis; spastic bladder and colon with partial urinary and fecal incontinence; inhibited spasticity; depression related to chronic pain with intermittent suicidal ideation; and chronic pain syndrome on opiates. Additional diagnoses are noted to include dysphagia; angina pectoris, hypertension; chronic asthma, chronic obstructive pulmonary disease; diabetes with retinopathy; and kidney disease. The history notes he was a heavy smoker. Treatments to date have included: consultations; magnetic resonance imaging studies cervical and/or lumbar spine (12/26/06 & 12/27/06 & 12/28/06 & 12/30/06 & 1/6/07); x-ray - lumbar (12/25/06); computed tomography scans - lumbosacral spine (12/25/06) and cervical spine (12/29/06); Neurology consultation (12/26/2006); cervical herniated disc surgery (1/2/07); an agreed medical evaluation on 12/8/12 & 2/15/10; AFO braces; wheelchair; continuous positive pressure machine; oral x-rays and surgery (1/25/14); and medication management. Currently, on the 8/25/2014 evaluation notes, he complains of continued radiating neck pain to the bilateral shoulders, and up the back to the head; buzzing in his legs (decreased by 50% from Lyrica); cramps in his hands (decreased); and increased fatigue with extreme sleepiness. It was noted he arrived for this appointment in a transport wheel chair without a leg rest. The treatment plan was noted to include a large size

walker, appropriate for paraplegia, with brakes, foot rest and seat cushion; condom catheter for urinary incontinence and persistent dribble; and pool access due to obesity, paraplegia, lack of exercise, and limited activities of daily living due to the severity of pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool: 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), Knee & Leg (Acute and Chronic), Durable Medical Equipment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: The patient was injured on 11/20/06 and presents with radiating neck pain to the bilateral shoulders and up the back to the head; buzzing in his legs, cramps in his hands, and increased fatigue with extreme sleepiness. The request is for POOL ACCESS considering obesity, paraplegia, and lack of exercise (quantity of treatment not provided). The RFA is dated 07/24/14 and the patient's work status is not known. MTUS Chronic Pain Medical Treatment Guidelines page 22 state aquatic therapy is "recommended as an optional form of exercise therapy where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize effect of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example, extreme obesity. For recommendations on the number of supervised visits, see physical medicine. Water exercise improves some components of health-related quality of life, balance, and stair-climbing in females with fibromyalgia, but regular exercise in higher intensities may be required to preserve most of these gains." MTUS pages 98 and 99 have the following: Physical medicine: Recommended as an indicated below. Allow for fading of treatments frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS Guidelines pages 98 and 99 state that for myalgia, myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. Although the patient has obesity, paraplegia, and lack of exercise, the treater does not provide an end point to the request. While an access to a pool is medically reasonable, the duration and frequency of this pool therapy is not provided. It is not reasonable to allow for pool access indefinitely as the patient's use and benefit must be documented from time to time. The requested pool access on an indefinite basis IS NOT medically necessary.

Large size wheel walker with brakes: 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), Knee & Leg (Acute and Chronic), Durable Medical Equipment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines knee & leg chapter, walking aids - canes, crutches, braces, orthoses, and walkers.

Decision rationale: The patient was injured on 11/20/06 and presents with radiating neck pain to the bilateral shoulders and up the back to the head; buzzing in his legs, cramps in his hands, and increased fatigue with extreme sleepiness. The request is for a LARGE SIZE WHEEL WALKER WITH BRAKES. The utilization review denial rationale is that "there is no documentation that the patient has had physical therapy or had the ability to walk, in which the patient would be able to utilize the medical equipment." The RFA is dated 07/24/14 and the patient's work status is not known. The ACOEM and MTUS Guidelines do not discuss wheeled walkers. ODG guidelines, knee chapter states the following about walking aids -canes, crutches, braces, orthoses, and walkers, "Recommended, as indicated below. Almost half of patients with knee pain possess a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid. Nonuse is associated with less need, negative outcome, and negative evaluation of the walking aid." The 09/15/14 report states that the patient arrived in a "transport wheel chair without a leg rest. Transfer required a full person assist, which was unsteady and impeded by extreme lower extremity spasticity, heavy breathing, and falling back into chair after 10 seconds. Bilateral lower extremity spasticity interfered with functional leg movement." He has a buzzing sensation in his legs and moderate to severe spinal pain. The patient clearly has issues with ambulation and the treater's request for a walker is reasonable and consistent with ODG guidelines. A walker could prevent deterioration secondary to non-use, improve this patient's functional status and overall outcome. Therefore, the requested wheel walker IS medically necessary.