

Case Number:	CM15-0173460		
Date Assigned:	09/15/2015	Date of Injury:	11/07/2013
Decision Date:	10/21/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	09/02/2015

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: Family Practice

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 53 year old male, who sustained an industrial injury on November 7, 2013, falling backwards, hitting his head. A review of the medical records indicates that the injured worker is undergoing treatment for closed head injury with cognitive impairment and post-traumatic seizure disorder, post-traumatic migraines, neurogenic claudication, chronic intractable pain, bilateral carpal tunnel syndrome, right cubital tunnel syndrome, C5-C6 disc degeneration, bilateral cervical radiculopathy, L4-L5 foraminal stenosis, right leg radiculopathy, grade 1 spondylolisthesis L4-L5, right shoulder impingement with AC joint arthritis, and left elbow contusion with mild bursitis. On July 23, 2015, the injured worker reported neck pain with numbness radiating into the bilateral upper extremities with associated headaches, rating his symptoms 4 out of 10 on the visual analog scale (VAS) with medications, increased to 6-7 out of 10 on the visual analog scale (VAS) without medications. The injured worker rated his headaches as 5 out of 10 on the visual analog scale (VAS) with medications, increased to 8 out of 10 without medications. The injured worker reported constant low back pain with numbness down the bilateral lower extremities, rating his symptoms as 5 out of 10 on the visual analog scale (VAS) with medications, increasing to 7 out of 10 on the visual analog scale (VAS) without medications, with increasing reports of weakness in the bilateral lower extremities. The Primary Treating Physician's report dated July 23, 2015, noted the injured worker's current medications were listed as Anaprox, Norco, Protonix, Zofran, Amitriptyline HCL, and Imitrex. Examination of the cervical spine was noted to show mild tenderness to palpation over the right mid cervical and right trapezius with orthopedic testing revealing local pain. Tinell's test was

noted to be positive over the bilateral cubital tunnels, with positive Tinel's' and compression tests over the bilateral carpal tunnels. The lumbar spine examination was noted to show the injured worker with an antalgic gait, utilizing a seated walker for ambulation, with tenderness to palpation over the low lumbar with spasm on the right at L4-L5. The treating physician indicates that cervical spine MRI dated April 21, 2015, showed C5-C6 mild to moderate disc height loss with bulge without significant stenosis except moderate right foraminal narrowing. The lumbar spine MRI dated April 14, 2015, was noted to show grade 1 spondylolisthesis L4-L5 with moderate lateral recess narrowing bilaterally at L4-L5. The injured worker was noted to be scheduled for lumbar surgery on July 27, 2015. The Physician noted the injured worker was becoming an increased fall risk due to his dizziness, with request for purchase of a manual wheelchair, as the safest method to provide the ability to participate in life. The Physician noted a request for a follow-up with another physician to review the neuro testing and ENT testing and to discuss any further treatment options. Prior treatments have included bilateral carpal tunnel splints, physical therapy for benign paroxysmal positional vertigo, transforaminal nerve blocks and epidurals noted to temporarily improve symptoms, The request for authorization dated July 23, 2015, requested a wheel chair purchase and follow up with [REDACTED]. The Utilization Review (UR) dated August 7, 2015, non-certified the requests for a wheel chair purchase and follow up with [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

Wheel Chair purchase: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Wheelchair.

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/Wheelchair.

Decision rationale: According to the Official Disability Guidelines, Wheelchair is recommend manual wheelchair if the patient requires and will use a wheelchair to move around in their residence, and it is prescribed by a physician. In this case, a request is being for purchase of a manual wheelchair. The medical records note that the injured worker is at an increased risk for falls because of the ongoing dizziness. The medical records indicate that the injured worker has a walker with a seat; however, this is not sufficient for long journeys. The request for wheel chair purchase is medically necessary and appropriate.

Follow Up with [REDACTED]: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, page 92 & 1127.

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

Decision rationale: According to ODG, office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. In this case, the medical records indicate that request is being submitted for [REDACTED] to review the injured worker's neurological testing and ENT testing. A review of the medical records and the injured worker's complaints and diagnosis supports the requested follow up. The request for Follow Up with [REDACTED] is medically necessary and appropriate.