

Case Number:	CM15-0061552		
Date Assigned:	04/07/2015	Date of Injury:	03/19/2012
Decision Date:	05/06/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/01/2015

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: Arizona, 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 43 year old male, who sustained an industrial injury on 3/19/2012. The current diagnoses are backache (not otherwise specified) and amputation through foot. According to the progress report dated 2/12/2015, the injured worker complains of pain in the upper back, mid-back, lower back, right shoulder, left elbow, right wrist, right hip, left knee, left ankle, and left foot. The pain is associated with numbness and tingling in the left foot. The pain is also associated with weakness in the left arm and left leg. The pain is rated 5/10 on a subjective pain scale. The current medications are Cartia. Treatment to date has included medication management, X-rays, physical therapy, acupuncture, chiropractic, biofeedback, psychotherapy, active release therapy, and TENS unit. The plan of care includes replacement drive DV8 knee scooter, 6 chiropractic sessions for lumbago, and lumbar sympathetic block at L3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Replacement Drive DV8 knee scooter: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

<http://www.healthcareaccessories.com/healthcare-accessories-rolleraid-ots-one-touch-straight-detail.htm?productid=14073>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- Knee chapter- Powered mobility devices and pg 56.

Decision rationale: 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. The claimant had recently used a waterproof wheel chair to go to the gym- as noted on a 3/26/15 note and had repaired wheel on walker to use as well. Since the claimant already had 2 functional forms of mobility, the request therefore to replace the drive on the knee scooter is not medically necessary.

Chiropractic treatment x 6 visits for lumbago: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 298-299, Chronic Pain Treatment Guidelines Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy Page(s): 58.

Decision rationale: According to the MTUS guidelines, Chiropractic therapy is considered manual therapy. It is recommended for chronic musculoskeletal pain. For Low back pain, therapeutic care is for 6 visits over 2 weeks with functional improvement up to a maximum of 18 visits over 8 weeks. The therapeutic benefit of the modalities was not specified. As a result additional chiropractor therapy is not necessary. In this case, the claimant had already completed 32 sessions of therapy. The request for 12 additional sessions exceeds the guidelines recommendations and is not medically necessary.