

Case Number:	CM15-0087538		
Date Assigned:	05/11/2015	Date of Injury:	07/19/2002
Decision Date:	10/05/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/06/2015

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: New Jersey

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 51-year-old male, who sustained an industrial injury on 07/19/2002. On provider visit dated 04/07/2015 the injured worker has reported burning sensation throughout his skin and internally. The complains of nausea at night, blood in his saliva, swelling in the hands and feet, pain throughout his body, bilaterally upper extremity pain, ear pain and tinnitus. The examination had limited information, however, the cervical spine was noted as having paraspinal muscles spasms and tenderness and a restricted range of motion. The injured worker was noted as being in a wheelchair. The diagnoses have included electrocution and nonfatal effects of electric current and psychiatric mental status determination. Treatment to date has included medication. The provider requested manual wheelchair, orthopedic bed, motor wheel chair, portable urinal, cardiologist to evaluate for short of breath and walker with seat.

IMR ISSUES, DECISIONS AND RATIONALES

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

Manual Wheelchair: Upheld

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

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

Decision rationale: The MTUS is silent regarding wheelchair use. The ODG, however, states that a manual wheelchair is recommended if the patient requires and will use a wheelchair to move around in their residence, and it is prescribed by a physician. In the case of this worker, although a manual wheelchair may be appropriate considering the worker's leg weakness, however, the worker was always in a wheelchair or motorized wheelchair for his appointments. It was not clear if the worker owned and used these wheelchairs, and if so, there was no indication that there was a problem with the older wheelchair to require a new one. If this is the first request for a wheelchair and he does not use one of his own, then this needs to be clearly stated in the notes. Therefore, based on the lack of clarification and evidence of a wheelchair(s) already being used, the request for a manual wheelchair will be considered medically unnecessary at this time.

Orthopedic Bed: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back section, Mattress selection.

Decision rationale: The MTUS Guidelines do not address firm mattresses as standard therapy for low back injuries/pain. The ODG, however, states that mattress selection is not recommended to use firmness as the sole criteria. Unfortunately, there are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain, and mostly depends on personal preference and individual factors. On the other hand, pressure ulcers (e.g., from spinal cord injury) may be treated by special support surfaces (including beds, mattresses and cushions) designed to redistribute pressure. In the case of this worker, there was a request for an orthopedic bed; however, there was no explanation as to why this is medically necessary. The worker has a history of chronic low back pain with leg weakness; however, there was no mention of an existing problem with the worker's current bed. Therefore, without enough justification presented to the reviewer for this request, it will be regarded as medically unnecessary at this time.

Motor Wheel Chair: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices (PMDs), p. 99.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines state that in cases of chronic pain from a previous injury, power 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, or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair. Early exercise, mobilization, and independence should be encouraged at all steps of the injury recovery process, and if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care. In the case of this worker, although a manual wheelchair may be appropriate considering the worker's leg weakness, however, the worker was always in a wheelchair or motorized wheelchair for his appointments. It was not clear if the worker owned and used these wheelchairs, and if so, there was no indication that there was a problem with the older wheelchairs to require a new motorized chair. If this is the first request for a motorized wheelchair and the worker does not use one of his own, then this needs to be clearly stated in the notes. Also, there was no evidence of upper body weakness based on physical examination findings to suggest using a manual wheelchair would not be sufficient. Therefore, based on the lack of clarification and evidence of a motorized wheelchair already being used and no evidence that the worker qualified for a motorized, the request for a manual wheelchair will be considered medically unnecessary at this time.

Portable Urinal: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Coverage Determination for Durable Medical Equipment Reference Version 2.

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

Decision rationale: The MTUS Guidelines do not mention commodes. The ODG, however, states that commodes, bed pans, sitz baths, raised toilet seats, or portable whirlpools may be considered medically necessary, but only in situations where the patient is clearly bedroom-confined or when prescribed as part of a medical treatment plan for an injury, infection, or conditions that result in physical limitations. In the case of this worker, there was no evidence found in the notes that the worker was bedroom-bound as he was attending medical office visits. Although the provider mentioned that when using a wheelchair, a portable urinal is also automatically needed, but this was not clarified in the note. There needs to be more explanation as to why the worker would not be able to use his bathroom to help justify this request. For now, however, it will be regarded as medically unnecessary until this is provided.

Cardiologist to Evaluate for SOB: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: The ACOEM Guidelines state that referral to a specialist(s) may be warranted if a diagnosis is uncertain, or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. Referral to a specialist is required when a particular procedure is required in which the specialist is skilled. In the case of this worker, the provider stated that referral to a cardiologist was made due to reported fatigue and swelling in the legs without a known cause. He was also referred to an internal medicine generalist at the same time. Although it is reasonable to refer for internal medicine issues, the internal medicine physician should be able to begin a workup for all of the reported symptoms, including the leg swelling and fatigue and refer to a cardiologist if needed from there. After the visit with the internist in March, 2015, the internal medicine physician did not feel a referral to a cardiologist was necessary based on physical examination and chest x-ray findings. No edema was present, lung examination was normal with normal oxygenation then and blood tests were essentially normal. Therefore, the request for cardiology consultation will be considered medically unnecessary at this time.

Walker with Seat: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines in workers' comp 12th Edition, Knee and Leg.

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, Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: The MTUS does not address the use of walking aids such as walkers. The ODG, however, states that they are generally recommended based on the degree of disability, pain, and age-related impairments. Nonuse of these aids leads to less need, less negative outcome, and less negative evaluation of the walking aid. However, a walker may be considered for those with bilateral leg disease/disability, but not for unilateral leg disease/disability. In the case of this worker, there was evidence that the worker may have been using a wheelchair already, although this is not clearly stated (he was present at office visits in a wheelchair). Although, the worker was seeking a walker in order to attempt to be more mobile, and there was no obvious sign of upper body weakness which would suggest this would be inappropriate to approve. Therefore, the request for a walker with a seat will be considered medically necessary.