

Case Number:	CM15-0094428		
Date Assigned:	05/21/2015	Date of Injury:	08/09/2011
Decision Date:	06/24/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/18/2015

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: Preventive Medicine, Occupational Medicine

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 61 year old male, who sustained an industrial injury on August 9, 2011. He reported sustained an injury while working as a security guard when he tripped and fell. The injured worker was diagnosed as having right shoulder sprain/strain rule out tendinitis impingement, cuff tear, and internal derangement, right knee sprain/strain rule out internal derangement status post injection times one, venous stasis, status post anterior cervical discectomy and fusion (ACDF) cervical spine November 2013 rule out recurrent herniation, left shoulder sprain/strain rule out tendinitis, lumbar spine sprain/strain rule out herniated lumbar disc with radiculitis right greater than left, left knee sprain/strain, diabetes mellitus, gastritis, and progressive neurological deficit secondary to cervical spine myopathy. Treatment to date has included an interferential unit, cervical spine surgery, MRIs, physical therapy, and medication. Currently, the injured worker complains of continued bilateral shoulder pain, low back pain with pain radiating down the right greater than the left leg, and bilateral knee pain. The Primary Treating Physician's report dated March 25, 2015, noted the injured worker had severe stasis edema of both legs. Physical examination was noted to show the injured worker with an antalgic gait, using a cane to assist with ambulation. Bilateral shoulder examination was noted to show bilateral tenderness of the greater tuberosities, rotator cuff muscles, supraspinatus and infraspinatus, with positive bilateral impingement test. Medial and lateral joint line tenderness was noted on the right knee with medial joint tenderness on the left knee, and positive chondromalacia patella compression test bilaterally. The treatment plan was noted to include requests for authorization for an ultrasound guided Hyalgen injection to the bilateral knees for

alleviation of pain and discomfort, an internal medicine evaluation, a vascular surgeon consult, a wheelchair, a urinal, home health care, a neurology consult, a CT scan of the cervical spine, and refill of the prescriptions for Gabapentin and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinal: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA Clinical Policy Bulletin: Bathroom and Toilet Equipment and Supplies, Urinals.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare - DME - Urinals
<http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=190&ncdver=2&NCAId=3&ver=5&NcaName=Air-Fluidized+Beds+for+Pressure+Ulcers&bc=ACAAAAAIAAA&>.

Decision rationale: MTUS Guidelines do not address this issue. Medicare coverage guidelines address this DME and do not recommend its coverage unless an individual is bed bound. The physical exam does not demonstrate the inability to undertake at least should term ambulation and there are no objective exam findings that would conclude that ambulation should/would be precluded. Under these circumstances the urinal is not supported by standard setting Guidelines (Medicare) and there are no unusual circumstances to justify an exception to Guidelines. The urinal is not medically necessary.

Wheelchair: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knees - Wheel Chair.

Decision rationale: MTUS Guidelines do not address this issue. ODG Guidelines do address this issue and do not recommend wheel chairs unless there is a demonstrated major impairment in the ability to ambulate on a least a short-term basis. In addition, it is clearly documented that this individual has significant difficulties with his shoulders/upper extremities. It is logical that use of a wheel chair may be inappropriate with these other problems. The physical exam does not demonstrate the inability to undertake at least should term ambulation and there are no objective exam findings that would conclude that ambulation should/would be precluded. Under these circumstances the request for the wheel chair is not supported by Guidelines and is not medically necessary.

