

Case Number:	CM15-0098385		
Date Assigned:	05/29/2015	Date of Injury:	06/15/2009
Decision Date:	07/08/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/21/2015

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: 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 39 year old male with an industrial injury dated 6/15/2009. The injured worker's diagnoses include complex regional pain syndrome. Treatment consisted of prescribed medications, and periodic follow up visits. In a progress note dated 4/17/2015, the injured worker presented for a follow up appointment. His treating physician reported that the injured worker's condition continues to deteriorate. The injured worker complained of inadequate care and difficulty taking prescribed medications without homecare. The injured worker reported worsening leg infection despite outpatient care. Objective findings revealed limited range of motion of the right wrist, hand or elbow, keratotic skin, hyperkeratosis out of the axilla to his wrist, limited flexion of the knee, inability to bring hips into neutral position, and splay footed gait. The treating physician prescribed services for oversized, heavy duty, standard wheelchair (indefinite use), ophthalmology consultation, ophthalmology treatment and Inpatient length of stay now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oversized, heavy duty, standard wheelchair; indefinite use: 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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices (PMDs) Page(s): 99. Decision based on Non-MTUS Citation Official disability guidelines Knee & leg chapter, Wheelchair.

Decision rationale: Based on the 4/17/15 progress report provided by the treating physician, this patient presents with worsening pain in bilateral legs, left > right, with nausea. The treater has asked for oversized, heavy duty, standard wheelchair, indefinite use on 4/17/15. The patient's diagnoses per request for authorization form dated 3/13/15 is complex regional pain syndrome Grade 1. The patient has difficulty taking Mexiletine for CRPS due to a lack of in-home care per 4/17/15 report. The patient struggles with simple activities of daily living, can barely stand upright, and has prolific masses of keratosis on his skin per 4/17/15 report. The patient is taking Zofran, which is helping with his nausea per 4/17/15 report. The patient is not improved and his hyperkeratosis has increased since his last visit, especially along the forehead per 3/13/15 report. The patient has stasis ulcers that are open on his right anterior leg, with gross swelling of bilateral ankles per 1/30/15 report. The patient's work status is temporarily totally disabled. MTUS, page 99 on Power mobility devices (PMDs) states: "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." Official Disability Guidelines (ODG) Chapter on Knee, Wheelchair states: "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. Reclining back option recommended if the patient has a trunk cast or brace, excessive extensor tone of the trunk muscles or a need to rest in a recumbent position two or more times during the day. Elevating leg rest option recommended if the patient has a cast, brace or musculoskeletal condition, which prevents 90-degree flexion of the knee, or has significant edema of the lower extremities. Adjustable height armrest option recommended if the patient has a need for arm height different than that available using non-adjustable arms. A lightweight wheelchair is recommended if the patient cannot adequately self-propel (without being pushed) in a standard weight manual wheelchair, and the patient would be able to self-propel in the lightweight wheelchair. (CMS, 2007)" In this case, the patient has limited ambulation due to complex regional pain syndrome, and a wheelchair is indicated per physician's prescription. The patient walks splayfooted, with swelling of ankles and hyperkeratosis on his skin per 4/17/15 report. The requested wheelchair is medically necessary.

Ophthalmology consultation: Overturned

Claims Administrator guideline: The Claims Administrator 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

Decision rationale: Based on the 4/17/15 progress report provided by the treating physician, this patient presents with worsening pain in bilateral legs, left > right, with nausea. The treater has asked for ophthalmology consultation on 4/17/15. The patient's diagnoses per request for authorization form dated 3/13/15 is complex regional pain syndrome Grade 1. The patient has difficulty taking Mexiletine for CRPS due to a lack of in-home care per 4/17/15 report. The patient struggles with simple activities of daily living, can barely stand upright, and has prolific masses of keratosis on his skin per 4/17/15 report. The patient is taking Zofran, which is helping with his nausea per 4/17/15 report. The patient is not improved and his hyperkeratosis has increased since his last visit, especially along the forehead per 3/13/15 report. The patient has stasis ulcers that are open on his right anterior leg, with gross swelling of bilateral ankles per 1/30/15 report. The patient's work status is temporarily totally disabled. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists 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. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. The patient is developing complex regional pain syndrome where "he can see the hyperkeratoses at the tip of his nose. This is pathognomonic for a pathway to the eyes," per 4/17/15 report. There is no physical examination of the eye per review of reports dated 11/14/14 to 4/17/15. However, the request for an ophthalmology consultation appears reasonable for patient's new symptoms involving his eyesight. This request is medically necessary.

Ophthalmology treatment: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

Decision rationale: Based on the 4/17/15 progress report provided by the treating physician, this patient presents with worsening pain in bilateral legs, left > right, with nausea. The treater has asked for ophthalmology treatment on 4/17/15. The patient's diagnoses per request for authorization form dated 3/13/15 is complex regional pain syndrome Grade 1. The patient has difficulty taking Mexiletine for CRPS due to a lack of in-home care per 4/17/15 report. The patient struggles with simple activities of daily living, can barely stand upright, and has prolific masses of keratosis on his skin per 4/17/15 report. The patient is taking Zofran, which is helping with his nausea per 4/17/15 report. The patient is not improved and his hyperkeratosis has

increased since his last visit, especially along the forehead per 3/13/15 report. The patient has stasis ulcers that are open on his right anterior leg, with gross swelling of bilateral ankles per 1/30/15 report. The patient's work status is temporarily totally disabled. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists 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. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. The treater does not discuss this request in the reports provided. The patient is developing complex regional pain syndrome where "he can see the hyperkeratoses at the tip of his nose. This is pathognomonic for a pathway to the eyes," per 4/17/15 report. There is no physical examination of the eye per review of reports. Given the request for ophthalmology consultation is indicated, the requested treatment would also appear to be reasonable for patient's new symptoms. This request is medically necessary.

Inpatient length of stay: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back Chapter under Hospital length of stay (LOS).

Decision rationale: Based on the 4/17/15 progress report provided by the treating physician, this patient presents with worsening pain in bilateral legs, left > right, with nausea. The treater has asked for inpatient length of stay on 4/17/15. The 4/17/15 report further specifies request: "It is felt at this point, based on the infection in the legs, which is a sequela of the CRPS and the hyperkeratosis that most likely the patient needs to be hospitalized. He needs inpatient treatment, most likely IV antibiotics and possibly other procedures." The patient's diagnoses per request for authorization form dated 3/13/15 is complex regional pain syndrome Grade 1. The patient has difficulty taking Mexiletine for CRPS due to a lack of in-home care per 4/17/15 report. The patient struggles with simple activities of daily living, can barely stand upright, and has prolific masses of keratosis on his skin per 4/17/15 report. The patient is taking Zofran, which is helping with his nausea per 4/17/15 report. The patient is not improved and his hyperkeratosis has increased since his last visit, especially along the forehead per 3/13/15 report. The patient has stasis ulcers that are open on his right anterior leg, with gross swelling of bilateral ankles per 1/30/15 report. The patient's work status is temporarily totally disabled. The ACOEM, MTUS and ODG guidelines do not discuss Length of hospital stay for CRPS. ODG Guidelines, Low Back Chapter under Hospital length of stay (LOS) states: "ODG hospital length of stay (LOS) guidelines: Discectomy (icd 80.51, Excision of intervertebral disc) Actual data, median 1 day; mean 2.1 days (0.0); Laminectomy (icd 03.09, Laminectomy/laminotomy for decompression of

spinal nerve root) Actual data, median 2 days; mean 3.5 days (0.1)." The recommended length of stay varies depending on symptoms and types of surgery/services provided. The treater states on 4/17/15 that "infection in the legs, which is a sequela of the CRPS and the hyperkeratosis that most likely the patient needs to be hospitalized. He needs inpatient treatment, most likely IV antibiotics and possibly other procedures." However, the request does not quantify the number of days. Given the lack of specificity regarding the length of this prospective inpatient hospital stay, the current request is not medically necessary.