MAXIMUS Federal Services

Case Number:	CM13-0001496		
Date Assigned:	12/18/2013	Date of Injury:	07/28/2000
Decision Date:	06/25/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	07/15/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 underlying date of injury in this case is 07/28/2010. No primary diagnosis is reported on a current application for independent medical review. On 06/05/2013, the patient was seen in surgical follow up status post a total elbow arthroplasty of 10/23/2012. He had flexion of 130 degrees with extension of 40 degrees. The patient was noted to be taking opioid medication from his primary treating physician. The orthopedist recommended surgery to transition to an unlinked device since the patient's elbow was stable. On 06/05/2013, the patient was seen by his primary treating physician with ongoing left elbow pain. The patient was noted to be taking lactulose as well as Vicodin, Dulcolax and Lidoderm. The treating physician noted that the orthopedist had recommended hardware removal. A request was made for continued home care 4 hours per day, three times a week for 6 weeks, to assist with cooking and cleaning to be performed by the patient's wife. An initial physician review concluded that there was insufficient information to support the necessity of continued home care or of lactulose.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 VISITS OF CONTINUED HOME HEALTH CARE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Home Health Services Page(s): 51.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that home health treatment is recommended only for patients who are housebound up to 35 hours per week. The medical records in this case do not establish that this patient is housebound. Additionally, the records do not include an assessment to indicate why specific types of assistance are required and do not clarify if attempts have been made through occupational therapy to allow the patient to perform such tasks independently rather than with assistance. The guidelines have not been met to support the necessity of continued home healthcare. This request is not medically necessary.

1 PRESCRIPTION OF LACTULOSE, 1 PINT: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids/Initiating Treatment.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that prophylactic treatment of constipation should be initiated with opioid medication. An initial physician review states that there is insufficient information to support an indication for this treatment. It is not apparent if the initial reviewer had available an office note indicating that this patient is being treated with opioids in addition to lactulose. This treatment is recommended for prophylactic treatment of constipation from opioids. This request is medically necessary.