

Case Number:	CM13-0004356		
Date Assigned:	03/21/2014	Date of Injury:	03/09/2010
Decision Date:	05/20/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	07/29/2013

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 Orthopedic Surgery, has a subspecialty in Hand Surgery and is licensed to practice in Texas. 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 injured worker is a 54-year-old female who reported an injury on 03/09/2010. The mechanism of injury was not stated. Current diagnoses include cervical spine sprain with upper extremity radiculopathy, bilateral shoulder sprain, thoracic sprain, lumbar sprain, and lumbar radiculopathy. The injured worker was evaluated on 08/29/2013. The injured worker reported persistent pain in the bilateral shoulders, bilateral elbows, cervical spine, and lumbar spine. Physical examination revealed tenderness to palpation of the thoracic spine and lumbar spine, limited range of motion, positive straight leg raise, paresthesia in the right lower extremity, tenderness to palpation of the cervical spine, limited cervical range of motion, and positive Spurling's maneuver. Treatment recommendations included continuation of a home exercise program, an EMG/NCV of the bilateral upper and bilateral lower extremities, and home care assistance 4 hours per day, for duration of 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 REFILL OF ZANAFLEX: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The injured worker is a 54-year-old female who reported an injury on 03/09/2010. The mechanism of injury was not stated. Current diagnoses include cervical spine sprain with upper extremity radiculopathy, bilateral shoulder sprain, thoracic sprain, lumbar sprain, and lumbar radiculopathy. The injured worker was evaluated on 08/29/2013. The injured worker reported persistent pain in the bilateral shoulders, bilateral elbows, cervical spine, and lumbar spine. Physical examination revealed tenderness to palpation of the thoracic spine and lumbar spine, limited range of motion, positive straight leg raise, paresthesia in the right lower extremity, tenderness to palpation of the cervical spine, limited cervical range of motion, and positive Spurling's maneuver. Treatment recommendations included continuation of a home exercise program, an EMG/NCV of the bilateral upper and bilateral lower extremities, and home care assistance 4 hours per day, for duration of 6 weeks.

1 RIGHT SHOULDER MANIPULATION UNDER ANESTHESIA: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The California MTUS/ACOEM Practice Guidelines state referral for surgical consultation may be indicated for patients who have red flag conditions, activity limitation for more than 4 months, failure to increase range of motion and strength, and clear clinical and imaging evidence of a lesion. The Official Disability Guidelines state manipulation under anesthesia is currently under study for adhesive capsulitis. In cases that are refractory to conservative therapy lasting at least 3 to 6 months where range of motion remains significantly restricted, manipulation under anesthesia may be considered. As per the documentation submitted, the injured worker does not maintain a diagnosis of adhesive capsulitis. There is no documentation of a comprehensive physical examination of the right shoulder. There is also no mention of an exhaustion of conservative treatment. The request for 1 right shoulder manipulation under anesthesia is not medically necessary and appropriate.

1 GYM MEMBERSHIP WITH POOL THERAPY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Gym membership.

Decision rationale: The Official Disability Guidelines state gym memberships are not recommended as a medical prescription unless a home exercise program has not been effective and there is need for equipment. The injured worker does not meet the criteria for the requested service. There is no documentation of unresponsiveness to a home exercise program. There is

also no indication that this injured worker requires specialized equipment. The request for 1 gym membership with pool therapy is not medically necessary and appropriate.

6 WEEKS OF CONTINUED HOME CARE AT 4 HOURS A DAY AT 3 DAYS A WEEK TO AID IN COOKING, CLEANING, LAUNDRY & GROCERY SHOPPING BETWEEN 6/7/2013 AND 8/26/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefits Manual, Chapter 7-Home Health Services; Section 50.2 (Home Health Aide Services).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

Decision rationale: The California MTUS Guidelines state home health services are recommended only for otherwise recommended medical treatment for patients who are homebound on a part time or intermittent basis, generally up to no more than 35 hours per week. As per the documentation submitted, there is no indication that this injured worker is currently homebound. Additionally, the California MTUS Guidelines state medical treatment does not include homemaker services like shopping, cleaning, laundry and personal care. The request for six weeks of continued home care at four hours a day at three days a week to aid in cooking, cleaning, laundry, and grocery shopping is not medically necessary and appropriate