

Case Number:	CM13-0013387		
Date Assigned:	10/11/2013	Date of Injury:	02/22/2012
Decision Date:	07/25/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	08/27/2013

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 Family Medicine and is licensed to practice in Arizona. 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 patient is a 51 year old male with a date of injury on 2/22/2012. Subjective complaints involve the left hip, low back and left knee, with symptoms of anxiety and depression. The patient has increased pain with prolonged standing, and has difficulties with self-care. The physical exam shows decreased lumbar range of motion, muscle spasm, and positive straight leg and Lasegue's test bilaterally. Ankle reflex is absent on the right and +1 on the left, and decreased sensation at L4-S1 bilaterally. The left knee has a positive McMurray sign, medial joint line tenderness, and decreased range of motion. The left foot has decreased range of motion and tenderness over the plantar fascia. The left hip has decreased range of motion. Medications include Norco, Zolpidem, Alprazolam, Colace, Cialis, and Anaprox. The records show prior psychological evaluation and visits in 1/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH ASSISTANCE, 12 HOURS A DAY, SEVEN DAYS A WEEK: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Home Health Services.

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

Decision rationale: The California MTUS recommends home health services only for medical treatment for patients who are homebound, on a part-time or intermittent basis, generally up to no more than 35 hours per week. The medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides. For this patient, submitted documentation does not substantiate the need for 84 hours of home care a week. Therefore, request is not medically necessary.

NEUROLOGICAL EVALUATION WITH NEUROLOGICAL AND COGNITIVE TESTING: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127 and on the Non-MTUS Official Disability Guidelines (ODG), Head, Pain, Neuropsychological Testing, Office Visits.

Decision rationale: ACOEM guidelines indicate that consultation can be obtained to aid in diagnosis, prognosis, therapeutic management, and determination of medical stability. The ODG recommends office visits are determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. For this patient, submitted documentation does not identify any suspicion of a serious underlying medical condition that would warrant a referral to a neurologist. Patient's symptoms have not significantly changed since 2012, which suggests the condition has been stable. Therefore, the medical necessity for a neurology consult is not established. The ODG recommends neuropsychological testing for severe traumatic brain injury, but not for concussions. Submitted documentation does not identify a significant traumatic brain injury. Therefore, the medical necessity of neurological and cognitive testing is not established at this time.

CONTINUE WITH PSYCHOLOGICAL EVALUATION FOR SYMPTOMS OF ANXIETY AND DEPRESSION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Psychological Evaluations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-101.

Decision rationale: The California MTUS recommends psychological evaluation for appropriately identified patients during treatment for chronic pain. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury, or are work related. For this patient, medical reports identify that the patient has complaints of anxiety and depression. Documentation shows prior psychological evaluation. The records do not provide

updated rationale for the continuation of psychological evaluations. Therefore, request is not medically necessary.