MAXIMUS Federal Services

Case Number:	CM13-0014138		
Date Assigned:	10/02/2013	Date of Injury:	07/21/2006
Decision Date:	01/07/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	08/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice 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 physician 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 74-year-old female with 3 reported dates of injury, with the first being on 03/25/1991, the second on 12/05/2003, and finally on 07/21/2006, with the injuries involving the neck, bilateral shoulders, both hands, and both knees. The 2 prior incidents involved the neck, shoulders, low back, upper back, and bilateral knees. The patient has an extensive treatment history and surgical history to include a right knee arthroscopic surgery and referral for pain management as well as a series of cervical and lumbar epidural injections which provided only temporary benefit. In 2008, the patient underwent a total knee replacement followed by postoperative therapy and right shoulder surgery in 2009, again with postoperative therapy. In the course of treatment, the patient developed urinary incontinence and was found to have a neurogenic bladder. In 2011 or 2012, the patient underwent placement of an InterStim to treat incontinence; however, this was noted to be ineffective. The patient was evaluated on 07/16/2013 with multiple complaints to include headaches, cervical spine pain, bilateral shoulder pain, lumbar pain, bilateral knee pain, insomnia, and incontinence. Physical examination noted minimally decreased cervical spine range of motion with tenderness to light palpation, evidence of a forward head carriage, and mild to moderate mid to cervical facet tenderness. The bilateral shoulders noted reduced range of motion with bilateral abduction and forward flexion and positive impingement sign. Muscle strength of the bilateral upper extremities was grossly 4/5 with intact and symmetric reflexes. Lower extremity range of motion revealed 20 degrees of bilateral lateral bending, flexion of 40 degrees, and extension of 10 degrees. Positive straight leg raise was noted bilaterally; however, no degree of positivity was indicated. [redacted] test was noted to be positive bilaterally as well with right knee range of motion from 10 degrees of extension to 90

IMR ISSUES, DECISIONS AND RATIONALES

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

Molly maid 4 hours a week: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Physician Reviewer based his/her decision on the Official Disability Guidelines, Pain Chapter..

Decision rationale: CA MTUS does not address [redacted] services. The Official Disability Guidelines states 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. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. (CMS, 2004) However, the documentation submitted for review details the recommendation for [redacted] 4 hours a week and assistance with transportation for grocery shopping due to the patient's orthopedic limitations in the lower extremities, back, neck, and upper extremities. Notes indicated the patient was fairly weak and was unable to do grocery shopping, clean her home, vacuum, mop, or do laundry. Nonetheless, these services are not recommended per the Guidelines as home health services are recommended only for otherwise recommended medical treatment of patients who are homebound. These services are not covered by the Guidelines, which do not recommend homemaker services like shopping, cleaning, and laundry, as well as personal care. Given the above, the request for [redacted] 4 hours a week is not medically necessary and appropriate.

Acupuncture times 8: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: CA MTUS guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Per the documentation submitted for review, it appears that the patient may have received at least partial approval for 4 sessions of acupuncture therapy. However, there is a lack of documentation submitted for review indicating the patient's functional response to treatment thus

far. Given the Guideline recommendation that acupuncture treatments may be extended if functional improvement is documented, the request for further acupuncture treatment is not supported. Given the above, the request for acupuncture times 8 is not medically necessary and appropriate.

Celebrex 200mg x 60: 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 Page(s): 67-68.

Decision rationale: CA MTUS states NSAIDs for treatment of osteoarthritis are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Also, If GI risk is high the suggestion is for a low-dose Cox-2 plus low dose Aspirin (for cardioprotection) and a PPI. Finally, for patients at high risk for gastrointestinal events with no cardiovascular disease recommendation is for a Cox-2 selective agent plus a PPI if absolutely necessary. This patient was evaluated on 07/16/2013 with recommendation for prescription with Celebrex 200 mg for use daily. Notes indicate that the patient is intolerant to nonselective COX inhibitors due to gastroesophageal reflux disease. However, based on a review of the submitted documentation, there remains no evidence of gastroesophageal reflux disease indicated in the patient's medical history. Also while use of Celebrex may be indicated at the lowest dose for the shortest period of time based on the patient's pain complaints, there is a lack of demonstrated prior benefit to the patient with the use of Celebrex and to indicate the total length of time for which the patient has been prescribed Celebrex. Given the above, the request for Celebrex 200 mg x60 is not medically necessary and appropriate.