MAXIMUS Federal Services

Case Number:	CM13-0027808		
Date Assigned:	11/22/2013	Date of Injury:	02/01/2001
Decision Date:	02/04/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/23/2013

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 Physical Medicine and 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 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. 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 49-year-old injured worker who reported injury on 02/01/2001. The mechanism of injury was not provided. The patient was noted to be unable to walk without an elbow crutch, the patient has a waddling gait, and back brace. The patient was noted to have positive arm test bilaterally and a positive sciatic tension test. Diagnoses were noted to include necrosis femur head, hip replacement, and left shoulder rotator cuff syndrome. The treatment plan was noted to include a replacement for the spinal stimulator, a Jacuzzi for home use, and a home health aide 7 days a week 8 hours a day for 8 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Replacement spinal stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 105.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommends spinal cord stimulators for patients in cases when less invasive procedures have failed or are contraindicated, for failed back surgery syndrome, or complex regional pain

syndrome. The clinical documentation submitted for review indicated the patient had a previous spinal cord stimulator that had been taken out. It was stated, per the physician, the patient should have a spinal stimulator placed by a pain management specialist as, when the patient had the spinal stimulator, the back pain and spasms were significantly improved. The clinical documentation, however, fails to provide functional improvement to support the requested service. The request for a replacement spinal stimulator is not medically necessary and appropriate.

Jacuzzi for home use (not constructionally made): 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), Durable medical equipment (DME)

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, Whirlpool Bath Equipment, Online Version

Decision rationale: The Official Disability Guidelines recommend whirlpool bath equipment if the patient is homebound and has a condition for which whirlpool bath can be expected to provide substantial therapeutic benefit justifying the cost. The clinical documentation submitted for review indicated the patient had severe muscle spasms and continued pain, as well as a chronic pain syndrome because of surgeries. However, the clinical documentation submitted for review failed to provide the patient was homebound and had a condition for which the whirlpool bath could be expected to provide substantial therapeutic benefit, per the documentation. The request for Jacuzzi for home use is not medically necessary and appropriate.

Home aide, seven days a week, 8 hours a day for 8 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM for Independent Medical Examinations and Consultants regarding Referrals, Chapter 7

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines states home health services are recommended only for patients who are homebound and who are in need of part time or "intermittent" medical treatment of up to 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. The clinical documentation submitted for review indicated the home health aide would be used to drive the patient to and from doctor's appointments and the pharmacy, give the patient a massage, prepare the meals, change the linen, and provide other personal care items. There was a lack of documentation indicating the necessity for a medical

staff member to assist the patient with treatments. The request for a home aide, seven days a week, 8 hours a day for 8 weeks is not medically necessary and appropriate.