

Case Number:	CM13-0029713		
Date Assigned:	11/27/2013	Date of Injury:	11/05/2008
Decision Date:	09/16/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/25/2013

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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 57 year old female who sustained an industrial injury on 11/05/08. She tripped and fell landing on both knees while unloading construction materials. She underwent surgery to her right upper extremity in the form of a trigger finger release, deQuervain's and a carpal tunnel release. She subsequently developed symptoms of reflex sympathetic dystrophy. She underwent two right knee meniscectomies and she had the onset of RSD-like symptoms. Her medications included Anaprox, Protonix, Flexeril, Percocet, Imitrex, Topamax and Lyrica. She was seen by the provider on 05/24/13. The complaints included neck pain, right shoulder and left shoulder pain, right wrist and left wrist pain, lower back pain, right and left knee pain. She also was experiencing severe migraine headaches associated with neck pain. Cervical spine left sided tenderness and spasm with reduced range of motion. Right and left shoulder had Neer and Hawkin's test positive. Bilateral wrist had Finkelstein's test positive. Her diagnoses included impingement syndrome with tendinitis of right shoulder, migraine, disc protrusion of cervical spine with right sided radiculopathy, lateral epicondylitis of bilateral elbows, lumbar spine disc protrusion, status post partial medial and partial lateral meniscectomy of right knee, posttraumatic osteoarthritis of left knee and complex regional pain syndrome of right upper and lower extremity. Prior treatment included home exercise program, cortisone injection to right wrist, Orthovisc injection and medications. The request was for home health aid and oxygen tank with nasal piece.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH AID: Upheld

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

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

Decision rationale: The employee was being treated for multiple complaints including neck pain, right shoulder and left shoulder pain, right wrist and left wrist pain, lower back pain, right and left knee pain. She also was experiencing severe migraine headaches associated with neck pain. Her diagnoses included impingement syndrome with tendinitis of right shoulder, migraine, disc protrusion of cervical spine with right sided radiculopathy, lateral epicondylitis of bilateral elbows, lumbar spine disc protrusion, status post partial medial and partial lateral meniscectomy of right knee, posttraumatic osteoarthritis of left knee and complex regional pain syndrome of right upper and lower extremity. Prior treatment included home exercise program, cortisone injection to right wrist, Orthovisc injection and medications. She was not working due to temporary total disability. According to the Chronic Pain medical treatment guidelines, home health services are recommended for otherwise recommended medical treatment for patients who are homebound, on a part-time or intermittent basis, and generally up to no more than 35 hours per week. Medical treatment doesn't include homemaker services like shopping, cleaning, laundry and personal care given by home health aides like bathing, dressing and using the bathroom, when this is the only care needed. There is no documentation that the employee was home bound and also it is not clear why home health aide services are being requested. There is no need for medical treatment such as IV infusion, wound care, dressing changes. Therefore, the request for Home Health Aid is not medically necessary or appropriate.

OXYGEN TANK WITH NASAL PIECE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Cluster headache: Treatment and prognosis. Uptodate.

Decision rationale: The employee was being treated for multiple complaints including neck pain, right shoulder and left shoulder pain, right wrist and left wrist pain, lower back pain, right and left knee pain. She also was experiencing severe migraine headaches associated with neck pain. Her diagnoses included impingement syndrome with tendinitis of right shoulder, migraine, disc protrusion of cervical spine with right sided radiculopathy, lateral epicondylitis of bilateral elbows, lumbar spine disc protrusion, status post partial medial and partial lateral meniscectomy of right knee, posttraumatic osteoarthritis of left knee and complex regional pain syndrome of right upper and lower extremity. Prior treatment included home exercise program, cortisone injection to right wrist, Orthovisc injection and medications. She was not working due to temporary total disability. According to above article, oxygen inhalation and Sumatriptan are

first-line treatments for acute cluster headache attack. There is no role for oxygen in treatment of migraine and the employee had documented migraine without a diagnosis of cluster headaches. There is also no history of pulmonary disorders. Therefore, the request for Oxygen Tank with nasal piece is not medically necessary or appropriate.