

Case Number:	CM13-0038613		
Date Assigned:	12/18/2013	Date of Injury:	05/25/2002
Decision Date:	01/31/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/25/2013

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, wrist pain, and knee pain reportedly associated with cumulative trauma at work between the years 1983 through 2002. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; home care assistance; unspecified amounts of acupuncture; transfer of care to and from various provider in various specialties; multiple prior lumbar spine surgeries, including most recently on April 16, 2013; prior right knee arthroscopy in 2005; prior carpal tunnel release surgeries and de Quervain's release surgeries in 2004; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of October 7, 2013, the claims administrator apparently denied a request for acupuncture, a pillow, home services, and aquatic therapy. The applicant's attorney later appealed. The claims administrator, it is incidentally noted, did not furnish a copy of the completed utilization review report and stated that it was objecting to the fact that the case went through the IMR process, stating that the applicant's requesting provider was not officially recognized as the primary treating provider (PTP). A later note of December 3, 2013 is notable for comments that the applicant is having difficulty with ambulation and is in need of a walker. The applicant is receiving home care assistance. She would like to obtain acupuncture and aquatic therapy. She is apparently "100% permanently disabled." She is ambulating with a guarded gait and exhibits positive straight leg raising. She is again placed off of work, on total temporary disability. A power scooter is sought. Additional acupuncture and homecare assistance are sought. The homecare assistance is sought at a rate of 12 hours a day, seven days a week, for six weeks. An earlier note of October 22, 2013 is notable for comments that the applicant would like to pursue an internal medicine consultation to further workup issues related to hypertension and diabetes. The applicant is on fentanyl or Duragesic for pain relief. The

applicant would like a power scooter, it is stated. She is again placed off of work, on total temporary disability. She has tenderness on palpation about the wrists and knees. She apparently has had outside x-rays of February 28, 2013 revealing bone-on-bone about the medial joint lines. On a progress note of September 11, 2013, it is suggested that the applicant has ongoing issues with back and knee pain. She apparently has knee arthritis and associated gait derangement. She is apparently moving about through the aid of a walker. It is stated that homecare services are needed to facilitate the applicant's performance of activities of daily living as she is having difficulty doing her own, including bathing, dressing, housework, mopping, vacuuming, and dusting, cleaning the bathroom, sweeping, and doing meal preparation. She has gained about 50 pounds. It is stated that the applicant has developed elevated blood pressure and diabetes and needs to see an internist for the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal medicine consultation: Overturned

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 2009
Page(s): 1.

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints should lead an attending provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the attending provider has suggested, on several progress notes, that the applicant had gained weight, has developed diabetes, and has developed hypertension. The applicant's new primary treating provider (PTP) is apparently an orthopedist who does not address diabetes and/or hypertension. Obtaining the added expertise of a physician who does address these issues is indicated and appropriate given apparent manifestation of these internal medicine disease processes. Therefore, the request is certified.

Aquatic therapy two (2) times four (4): Overturned

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 2009
Page(s): 22.

Decision rationale: While the documentation on file is sparse and does not establish how much (if any) aquatic therapy the applicant has had to date, at this point in time, it appears that the applicant is minimally ambulatory, is using a walker to move about, has gained significant amounts of weight, and has marked bilateral knee arthritis. Thus, it appears, on balance, the applicant does have several indications for aquatic therapy as described on page 22 of the MTUS

Chronic Pain Medical Treatment Guidelines. Since her knee arthritis, back pain, and obesity are apparently precluding effective weight bearing exercises, the original Utilization Review Decision is overturned, and the request is certified.

Acupuncture one (1) times six (6): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The attending provider has seemingly written on several progress notes that the applicant has had unspecified amounts of acupuncture in the past. As noted in MTUS 9792.24.1.d, however, acupuncture treatments may only be extended if there is evidence of functional improvement as defined in section 9792.20f. In this case, however, there is no such improvement as defined in section 9792.20f following completion of prior acupuncture. The applicant is off of work, on total temporary disability. She has heightened physical impairment. She is very reliant on various forms of medications and home health services. Continuing acupuncture in this context is not indicated. Therefore, the request is not certified.

Wedge pillow: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The MTUS does not address the topic of pillows. As noted in the Third Edition ACOEM Guidelines, however, there is no recommendation for or against usage of optimal sleeping surfaces, including pillows, for treatment of low back pain. It is recommended that applicants select those pillows and/or other sleeping options which are most comfortable to them. This is, however, per ACOEM, deemed a matter of individual preference as opposed to matter of medical necessity. Therefore, the request remains non-certified, on Independent Medical Review.

Home health care: 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 2009 Page(s): 51.

Decision rationale: As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, home health services are recommended only to provide otherwise recommended medical treatment for those individuals who are homebound or bedbound on a part-time or

intermittent basis. In this case, however, the attending provider states that he is seeking the home health services for provision of non-work activities of daily living, such as cooking, cleaning, vacuuming, mopping, dusting, etc. This is not covered, per page 51 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not certified