

Case Number:	CM13-0048488		
Date Assigned:	03/03/2014	Date of Injury:	04/19/1990
Decision Date:	04/30/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	11/05/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 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 55-year-old female with a date of injury 11/19/1990. The listed diagnoses per [REDACTED] are 1. Severe bilateral complex regional pain syndrome lower extremities 2. Failed back syndrome 3. Bilateral shoulder pain 4. History of depression 5. Bilateral lower leg infection. According to report dated 09/26/2013 by [REDACTED], the patient presents with low back pain and an infection in her legs. Examination of the neck revealed tenderness and bilateral paravertebral muscle tenderness. Examination of the lower back showed surgical scars from previous surgeries. There is tenderness noted. Patient was unable to perform thoracic and lumbar spine movement. Patient has severe weakness of both lower extremities and unable to Final Determination Letter for IMR Case Number [REDACTED] examine lower extremities for muscle strength due to severe reflex sympathetic dystrophy. Examination of the lower extremity revealed "some patchy areas of injection." The patient has had intermittent small ulcers on the lower leg and is here for a larger painful ulcer on the lateral lower leg. There are some areas of purulent discharge and fluid located in the anterior portion of both legs. The wound was cleansed and re-dressed. Request for Authorization dated 10/30/2013 states, "PT requires skilled nursing services for wound care and dressing changes."

IMR ISSUES, DECISIONS AND RATIONALES

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

TWO (2) NURSE'S AID PER DAY AND NIGHT SHIFT WITH ONE (1) ADDITIONAL PERSONNEL ON AS NEEDED BASIS.: Upheld

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

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

Decision rationale: This patient presents with an infection in her leg from a large ulcer caused by DVT. The treater is requesting two nurses aid for day and night shifts with additional personnel on as need basis. The treater in his report from 09/26/2013 states, patient will need laundry for bed sheets, towels, and her clothing and assistance getting out of bed and transportation. The patient also needs help with wound care and dressing changes. The MTUS page 51 has the following regarding home services, "Recommended only for otherwise recommended medical treatment for patients who are home-bound 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." In this case, the treater does not specify frequency duration of treatment and at what point the patient will be able to self-care. There is no rationale as to why a 24-hour care is needed. The patient does not appear to be a danger to herself and no mental issues are documented. The examination from 9/26/13 does not document the patient's functional levels such as the ability to self-care and ADL's. It is not known why a 24-hour case is essential for a leg infection. The patient's family support situation is not discussed either. Based on the documentation, the medical necessity of a day and night home health care aide appears excessive, therefore recommendation is for denial.

WEIGHT LOSS PROGRAM SUCH AS [REDACTED] OR [REDACTED] :
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [REDACTED] Policy Bulletin # 0039: Weight Reduction Medications and Programs.

Decision rationale: This patient presents with an infection in her leg from a large ulcer caused by DVT. The treater is requesting a weight loss program such as [REDACTED] or [REDACTED] [REDACTED]. The MTUS, ACOEM and ODG guidelines do not discuss Weight Loss Programs specifically. However, [REDACTED] states, " Weight reduction medications and programs are considered medically necessary for members who have failed to lose at least one pound per week after at least 6 months on a weight loss regimen that includes a low calorie diet, increased physical activity, and behavioral therapy, and who meet either of the following selection criteria including: BMI greater than or equal to 30, Coronary heart disease, Dyslipidemia, Hypertension, Obstructive sleep apnea, and Type 2

diabetes mellitus. Weight reduction medications are considered experimental and investigational when these criteria are not met." Review of medical records from 01/15/2013 to 09/26/2013, do not show that this patient meet any of the criteria provided by [REDACTED] for a weight reduction program. Furthermore, the treater does not discuss if any other measures of weight loss have been tried and failed. [REDACTED] states weight reduction programs are considered for patients who have failed to lose weight after low calorie diet and physical activities. Recommendation is for denial.