

Case Number:	CM13-0049993		
Date Assigned:	12/27/2013	Date of Injury:	06/01/1994
Decision Date:	03/11/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/08/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 52-year-old female who reported a work-related injury on 6/1/94. The mechanism of injury was noted as, the patient sustained continuous trauma orthopedic injuries to her neck, shoulders, arms, hands, wrists, and lumbar spine, as well as bilateral lower extremities. The patient was reported to be receiving physical therapy and indicated that it was helpful for her shoulder pain. The patient was also reported to be receiving home health care services to assist her with activities of daily living and transportation to and from medical appointments and errands. The patient was noted to have diffuse pain which included her neck, bilateral shoulders, bilateral elbows, thoracic spine, right knee, and low back. The patient was noted to have diagnoses including the above listed complaints, as well as a depressive disorder. The patient's medications include Flexeril and Imitrex. The patient was noted to have bilateral impingement sign testing and supraspinatus test and a bilateral positive O'Brien's test. The request was made for one year gym membership, additional home care assistance 15 hours a week, physical therapy x 12 to left shoulder, Flexeril, and Imitrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

One year gym membership for fibromyalgia: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Gym Membership

Decision rationale: Official Disability Guidelines do not recommend gym memberships as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is need for equipment. Additionally, guidelines indicate that gym memberships would not generally be considered medical treatment and, therefore, are not covered under these guidelines. In this patient's case, the medical records submitted for review fail to provide a rationale with factors to indicate the necessity for the gym membership. In addition, there is a lack of documentation indicating that the patient has trialed a home exercise program and that the home exercise program was ineffective. Given the reasons provided above, the request for one year gym membership for fibromyalgia is not medically necessary. The request for one year gym membership for fibromyalgia is not medically necessary and appropriate.

Additional home care assistance 15 hours a week: 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 Home Health Services Page(s): 51.

Decision rationale: MTUS guidelines states that 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. Guidelines further indicate that medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides such as bathing, dressing, and using the bathroom is the only care needed. In this patient's case, the medical records submitted for review indicate that the patient needs assistance with activities of daily living and transportation to and from medical appointments and errands. However, MTUS guidelines indicate that home health care is reserved for patients who need medical treatment. In this patient's case, there is a lack of documentation indicating the patient is in need of medical treatment. The request for additional home care assistance 15 hours a week is not medically necessary and appropriate.

Physical therapy x 12 to the left shoulder: 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: MTUS guidelines states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling

symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Guidelines further indicate that treatment is recommended with a maximum of 9 visits to 10 visits for myalgia and myositis and 8 visits to 10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. In this patient's case, the medical records submitted for review indicate the patient had a fall and may have sustained a left rotator cuff injury based on examination, and the patient was noted to be referred for a course of physical therapy 12 sessions to address the injury. The patient's injury was noted to have taken place on 6/1/94. The clinical documentation submitted fails to indicate the patient has a current necessity for treatment, in addition the patient was reported to have received physical therapy and should be well-versed in a home exercise program. The request for physical therapy x 12 to left shoulder is not medically necessary and appropriate.

Flexeril 10mg: 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 Muscle Relaxants Page(s): 63.

Decision rationale: MTUS guidelines indicate that muscle relaxants are second line short term treatment for acute exacerbations of chronic low back pain and are indicated for no longer than 2 weeks to 3 weeks. In this patient's case, the medical records submitted for review indicated the patient has been on the medication for a long duration and there was a lack of documentation of factors to support the necessity for long term use of Flexeril. There was also a lack of documentation of the efficacy of the medication. Additionally, the submitted request failed to indicate the quantity of the medication being requested. As such, the request for Flexeril 10mg po tid is not medically necessary. The request for Flexeril 10mg po tid is not medically necessary and appropriate.

Imitrex 100mg: 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 Official Disability Guidelines (ODG), Head Chapter, Triptans,

Decision rationale: Official Disability Guidelines recommend triptans for migraine sufferers. In this case, the request was made for Imitrex for headaches. The medical records submitted for review lack documentation indicating the efficacy of the requested medication. In addition, the quantity of the requested medication was not noted. Given the above, the request for Imitrex 100mg prn is not medically necessary. The request for Imitrex 100mg prn is not medically necessary and appropriate.