

Case Number:	CM13-0050113		
Date Assigned:	12/27/2013	Date of Injury:	11/09/1999
Decision Date:	03/07/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/09/2013

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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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:

This 76-year-old claimant was injured on 11/09/99. She is status post cervical spine surgery performed in 2005 for C5-6 fusion. There has been concern in this case over chronic neck, shoulder, and back pain. She has been followed by [REDACTED] of neurosurgery. He saw her in June of 2013 and recommended MRIs of her cervical and lumbar spines. These were obtained, which demonstrated no significant degenerative changes at all. There is a history of bilateral shoulder pain and chronic rotator cuff tears. She is status post multiple shoulder surgeries. At the June of 2013 office visit, [REDACTED] recommended a GI consult due to a concern over history of GERD symptoms, continued home care eight hours a day due to ongoing disability. Aqua and physiotherapy was also recommended. At the October 2013 office visit, [REDACTED] noted that the claimant was seen by a GI specialist. At that juncture, he noted that the pain was increased in the shoulder and that the claimant was awaiting orthopedic consultation. He recommended a trial with a home H wave unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy three (3) times a week for four (4) weeks (12 visits) to the lumbar/neck is not:
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 Aquatic Therapy Section Page(s): 22.

Decision rationale: Aqua therapy cannot be certified in his case based upon the California MTUS Guidelines. The California MTUS Guidelines recommend aqua therapy as an optional form of exercise therapy to minimize the effects of gravity; specifically recommended where reduced weight bearing is desirable, for example extreme obesity. There is no documentation of a need for reduced weight bearing. Therefore, aqua therapy cannot be certified in this case.

GI consult: Overturned

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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) CA MTUS ACOEM OMPG (Second Edition, 2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: The California MTUS Guidelines support consultation with specialist physicians when a problem extends beyond the scope of the occupational practitioner's care. Upon careful examination of the medical records provided for review the GI consultation was justified.

Home care eight (8) hours a day for six (6) months: 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 Section Page(s): 51.

Decision rationale: Home health care eight hours a day for six months would not be considered medically appropriate based upon review of the records provided in this case and the California MTUS Guidelines. California MTUS Guidelines specifically state that home health services are recommended only for medical treatment for patients who are homebound and generally no more than 35 hours per week. In the case, there is no documentation that home health care services are being provided for medical treatment. Rather these appear to aid with activities of daily living. Absent convincing documentation of a condition which requires medical treatment in the household, home health care cannot be certified in this case.

H-wave unit purchase: 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 H-Wave Section Page(s): 117.

Decision rationale: H wave unit purchase cannot be certified in this case based upon on the California MTUS Guidelines. California MTUS Guidelines support a trial of an H wave stimulator if patients fail appropriate conservative care with medications, a therapy program, and the use of a TENS unit. There is no documentation of failure of this type of conservative care or an H wave trial. Therefore, H wave unit purchase cannot be certified.

A Neuro follow up: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) CA MTUS ACOEM OMPG (Second Edition, 2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: Continued follow up with neurosurgery would not be considered medically appropriate based upon the records provided in this case. It is clearly important for the occupational practitioner to routine follow a patient when medications or ongoing problems within the scope of their specialty are being managed. In this case, this neurosurgeon has been managing this claimant's chronic shoulder pain and recommending referrals for GI evaluation and cardiology evaluation. This claimant has undergone some previous neck and back procedures in the past. However, recent lumbar and cervical spine MRIs demonstrate no significant degenerative changes and no evidence of any type of structural lesion, which would be contributing to neck, arm, back or leg pain. This claimant's primary problem appears to be related to rotator cuff disease and fibromyalgia. These are not within the scope of the neurosurgery. Additional neurosurgery follow up cannot be certified in this case.