

Case Number:	CM13-0062767		
Date Assigned:	12/30/2013	Date of Injury:	08/27/2001
Decision Date:	05/27/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/09/2013

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 and 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:

According to report dated 10/28/2013 by [REDACTED], the patient presents with chronic shoulder and knee pain. It is noted that the patient has been scheduled for left shoulder surgery for 11/20/2013. The patient is concerned about her ability to care for herself as her sister will not be available. She was previously receiving home health assistance at 4 hours a day for 7 days a week. The treating physician states the patient has significant difficulties with activities of daily living due to the impairment of her shoulders. Records show patient underwent a right total shoulder arthroplasty on 09/19/2012. The patient also underwent a right total knee replacement on 08/19/2010. Examination of the bilateral shoulder notes abduction and forward flexion are limited at 90 degrees. Supraspinatus motor testing and cross adduction testing are positive on the left. The patient is being prescribed Wellbutrin now for approximately 12 years by her primary care physician. Treating physician reports, the "patient's medications are necessary to help manage her pain such that she can remotely function with activities of daily living." Cymbalta is necessary to manage her depression, desipramine and Restoril are necessary to help manage her pain-related insomnia. The patient notes 50% to 60% reduction in her pain with the use of these medications. The patient describes her pain as 8/10 to 9/10 in intensity without her medications and approximately 4/10 with her medication. Utilization is dated 11/25/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH CARE 4 HOURS PER DAY, 7 DAYS PER WEEK FOR 8 WEEKS:

Overtured

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder

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

Decision rationale: This patient presents with chronic shoulder and knee pain. The treating physician is requesting home health assistant for the patient at 4 hours a day for 7 days a week for 8 weeks. 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." Review of the reports show that this patient is being scheduled for shoulder surgery. The patient has had prior surgeries of the shoulder and knee. Social situation is that there is not much help at home and the patient currently has difficulties with ADL's. It would appear that the patient will require home-care following shoulder surgery where the patient's shoulder function will be further compromised. The request is medically necessary and appropriate.

2 REFILLS ON ALL MEDICATIONS: 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 Benzodiazepines Section Page(s): 24.

Decision rationale: This patient presents with chronic shoulder and knee pain. The treating physician is requesting "2 refills of her medications." The treating physician does not list the medications and dosage being requested on the progress report or request for authorization. One of the progress reports discusses Cymbalta, Desipramine and Restoril. While Cymbalta and Desipramine find at least some support in the guidelines for the patient's condition, Restoril is not recommended for a long-term use. Refills of Cymbalta and Desipramine may be appropriate but not for Restoril. The California MTUS does not support use of any Benzodiazepines for a long-term use. The request is not medically necessary.