

Case Number:	CM13-0069516		
Date Assigned:	01/03/2014	Date of Injury:	04/10/2000
Decision Date:	04/11/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/10/2013

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 Neurology, has a subspecialty in Neuromuscular 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 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:

██████████ is a 55 year old woman who sustained a work related injury on April 10 2000. Subsequently, she underwent a bilateral knee replacement on April 2013 and progressed well with physical therapy. Physical examination demonstrated mild weakness of ankle dorsiflexion and plantar flexion. According to a note dated on July 2 2013, the patient was complaining of chronic back pain, ankle and leg pain. Her neurological examination was normal. An MRI of the lumbosacral spine showed L4-5 disc protrusion. She underwent L4-5 laminectomy and decompression on May 17, 2013 with subsequent improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOTAL CARE 24 HOURS A DAY 7 DAYS A WEEK: Upheld

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

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

Decision rationale: According to MTUS guidelines, home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, 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. (CMS, 2004). There is no documentation that the patient condition requires 24/7 home care. The patient does not have a documentation of lack of support system at home. Therefore, Total Care 24 Hours a Day 7 Days a Week is not medically necessary.

PSYCHIATRIC CONSULT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines early intervention, Guidelines Assessing Red Flags and Indication for Immediate Referral Page(s).

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS guidelines stated: Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach:(a) The patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernable indication of at risk status is lost time from work of 4 to 6 weeks. (Mayer 2003). Although the patient was diagnosed with depression and was under the care of psychiatry specialist, there is no evidence that the actual patient condition requires psychiatry consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for these psychiatry consultation. The documentation should include the reasons, the specific goals and end point for psychiatry consultation. Therefore, the request for Psychiatric Consult is not medically necessary.