

Case Number:	CM13-0070954		
Date Assigned:	01/08/2014	Date of Injury:	01/03/2009
Decision Date:	05/27/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/26/2013

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 Family Medicine and is licensed to practice in Texas. 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 66-year-old male who reported an injury on 01/03/2009. The mechanism of injury was not stated. The patient is currently diagnosed with reflex sympathetic dystrophy in the upper limb. The patient was seen by [REDACTED] on 10/30/2013. The patient reported chronic Final Determination Letter for IMR Case Number CM13-0070954 3 pain and loss of function in the left upper extremity secondary to severe CRPS. Medical records from [REDACTED] were reviewed on that date. Recommendations on 09/07/2012 included 50 minute psychotherapy sessions at a frequency of once per week for the next 2 years as well as a psychiatric consultation in the hospital and additional tranquilizers. Recommendations were also made for 3 pre and 3 to 5 postoperative psychotherapy sessions as well as a sleep study. A request for authorization was then submitted by [REDACTED] on 11/11/2013 for 10 hours, 7 days per week home care assistance; psychiatric consult in the hospital and additional tranquilizers; 3 pre and 3 to 5 postoperative psychotherapy sessions; transportation to and from appointments; dermatologist consultation; and sleep study.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALT HASSISTANCE 10 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 Page(s): 51.

Decision rationale: California MTUS Guidelines state 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. The current request for home health assistance 10 hours per day for 7 days per week exceeds guideline recommendations. It is noted that the patient requires assistance with bathing, dressing and meal preparation. However, California MTUS Guidelines further state medical treatment does not include homemaker services or personal care. Based on the clinical information received and the California MTUS Guidelines, the request is not medically necessary and appropriate.

PSYCHIATRIC CONSULTATION IN THE HOSPITAL:

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. The current Final Determination Letter for IMR Case Number CM13-0070954 4 request is for an in-hospital psychiatric consultation. However, there is no indication that this patient is scheduled to undergo a surgical procedure. Therefore, the medical necessity for the requested service has not been established. As such, the request is not medically necessary and appropriate.

ADDITIONAL TRANQUILIZERS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation FDA.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation "No guideline could be selected because the request was non-specific and did not refer to any specific medication or treatment."

Decision rationale: This is a non-specific request that does not include the type of tranquilizer, dosage, frequency or quantity. Therefore, the request is not medically appropriate, and is not medically necessary and appropriate.

3 PRE-OPERATIVE AND 3-5 POST-OPERATIVE PSYCHOTHERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

Decision rationale: California MTUS Guidelines utilize ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain, which allow for an initial trial of 3 to 4 psychotherapy visits over 2 weeks. The current request for 3 preoperative and 3 to 5 postoperative psychotherapy sessions exceeds guideline recommendations for a total duration of treatment. There is also no indication that this patient is scheduled to undergo a surgical procedure. As such, the request is not medically necessary and appropriate.

TRANSPORTATION TO AND FROM ALL APPOINTMENTS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Practice Standard of Care.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Transportation to and from appointments.

Decision rationale: Official Disability Guidelines state transportation is recommended for medically necessary transportation to and from appointments in the same community for patients with disabilities preventing them from self transport. As per the documentation submitted, there is no indication that this patient is unable to provide self transport. There is also no mention of a contraindication to public transportation. The medical necessity has not been established. Therefore, the request is not medically necessary and appropriate.

SLEEP STUDY: 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) Chronic Pain Chapter, Polysomnography.

Decision rationale: Official Disability Guidelines state polysomnogram/sleep studies are recommended for the combination of indications including excessive daytime somnolence, cataplexy, morning headache, intellectual deterioration, personality change, sleep related breathing disorder, and insomnia complaints for at least 6 months. The patient does not meet any of the above mentioned criteria as outlined by Official Disability Guidelines. Therefore, the medical necessity has not been established. As such, the request is not medically necessary and appropriate.