

Case Number:	CM13-0072517		
Date Assigned:	01/17/2014	Date of Injury:	10/12/2001
Decision Date:	06/06/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/31/2013

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 Emergency 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:

This is a patient with reported date of injury of 10/12/2001. Mechanism of injury was described as a fall into a hole injuring both knees. The patient has a history of multiple surgeries including repair of ventral hernia, umbilical hernia and excision of panniculus (7/25/13); surgeries to both knees, bariatric surgery (2006), plastic surgery, post-concussion syndrome, cervical/thoracic/lumbar radiculopathy, bilateral shoulder pains, TMJ pain, cognitive problems and depression. Multiple medical reports from primary treating physician and consultants reviewed. The last available report is from 10/15/13. The patient complains of difficulty performing activities of daily living (ADL), and pain to abdominal wound site. Patient also complains of bilateral knee pains, low back pains and bilateral shoulder pains. Objective exam reveals tenderness to abdominal wound with some surrounding erythema. There are noted cervical paraspinal spasms, jaw pain and decreased motor strength in both lower extremities. There is decreased sensation to the right posterolateral arm, outer thighs, legs and plantar surfaces. Positive Rhomberg test. Tenderness to lumbar, cervical and scapular regions. Noted decreased mentation. Deep tendon reflexes were normal. A review of records shows that the patient has difficulty with ADLs and has been getting a home health assistant for months. A medication list was not provided. Notes mention that she is on Protonic and Cyclobenzaprine but she is likely on more undisclosed medications. The patient has done chiropractic sessions, physical therapy and is on medications. MRI of brain (4/3/13) reveals normal brain. CT abdomen(7/8/13) is normal with post surgical changes; MRI(4/15/13) of R knee shows normal knee; MRI of L knee(4/15/13) shows post-surgical changes with intact anterior cruciate graft and mild degenerative changes with no new tears; MRI of both shoulders(4/15/13) shows mild tendinosis of rotator cuff tendons with no other significant findings; MRI of lumbar spine(4/3/13) shows multi level disc protrusion and neural foramina stenosis. No central canal stenosis. mild disc disiccation L5-S, normal MRI of

thoracic spine and minimal findings in cervical spine. The utilization review is for home health care 14hours per day, 7days a week for 10weeks and Interferential Unit. Prior UR on 12/11/13 recommended non certification of home health services and interferential unit and approved orthopedics and gastrointestinal consultations. The patient has had multiple similar requests for home health care.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH CARE 14 HOURS PER DAY, 7 DAYS PER WEEK FOR 10 WEEKS:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH SERVICES Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH SERVICES Page(s): 51.

Decision rationale: As per MTUS guidelines: "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)" As per reviewed records, there are vague statements about the patient not being able to perform activities of daily living. The patient is post-operative from an abdominal surgery at least 3months prior with the primary physician still recommended no physical therapy for patient. As per California MTUS guidelines, Home Health services are specifically for recommended medical treatment for patients who are homebound. The services as requested by treating physician is not for medical treatment but for "in-home housecleaning chores" which are classified as homemaker services and are not included in the services of a home health aide. Therefore the request for home health aid is not recommended.

INTERFERENTIAL UNIT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulations (ICS) Page(s): 118-120.

Decision rationale: As per California MTUS Chronic pain guidelines, Interferential Current Stimulation is not recommended as isolated modality. There is very little evidence to show it is superior to standard Transcutaneous Electrical Nerve Stimulation (TENS). The documentation does not meet guideline criteria for recommendation. There is no documentation of a functional physical therapy program (instead the primary treating physician recommends no physical therapy), there is no documentation of failure of standard therapy or poor pain control on

medication. Criteria suggest ICS may be recommended in cases where post-op conditions may restrict physical therapy. However, there is no proper documentation concerning why physical therapy is contraindicated. ICS is not medically necessary.