

Case Number:	CM14-0002504		
Date Assigned:	01/24/2014	Date of Injury:	02/19/2004
Decision Date:	06/24/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/07/2014

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:

The patient is a 56 year-old female with a 2/19/2004 date of injury. The IMR application shows a dispute with the 12/19/13 UR decision. The 12/19/13 UR decision was for denial of a Quickdraw RAP; home care assistance 6h/day, 7 days/week for 6 weeks; Axid 10/325mg #60; Norco 10/325mg #60; and right knee synvisc injection x3. UR based their decision on the 12/5/13 RFA, and the 11/20/13 PR2 from [REDACTED] and 7/20/13 report from [REDACTED]. Unfortunately, for this IMR, the 12/5/13 RFA and the 11/20/13 and 7/20/13 PR2s were not provided. The most recent report available is the 11/18/13 orthopedic QME report from [REDACTED]. On 11/18/13 the patient had complaints of bilateral shoulder pain, bilateral elbow pain, bilateral wrist pain, as well as pain in the thumbs, left 4th and 5th fingers, low back pain, right knee and ankle pain. The patient was taking Vilbryd 40mg qd; Provigil 200mg ½ tab daily; ranitidine 150mg 2 /day; Norco 10/325mg 1 tab q4 hours. [REDACTED] does not provide a diagnoses, but does note left shoulder surgery on 9/2010 without benefit; left deQuervain's surgery in 4/2013 with some benefit. There is a prior report from [REDACTED] from 3/1/2010 that lists the diagnoses as right shoulder impingement syndroem, s/p right elbow and wrist srugery on 2/12/05, ulnar nerve transposition at the elbow and CTR. Right thumb surgery in 2008, left shoulder sprain; overuse syndrome left elbow and left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

QUICKDRAW RAP: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, 308, Table 12-8.

Decision rationale: The patient is a 56 year-old female with a 2/19/2004 date of injury. The medical report that contains the request or rationale for the Quickdraw RAP was not available for this IMR. The most recent report available is the 11/18/13 orthopedic QME report. On 11/18/13 the patient had complaints of bilateral shoulder pain, bilateral elbow pain, bilateral wrist pain, as well as pain in the thumbs, left 4th and 5th fingers, low back pain, right knee and ankle pain. The Quickdraw RAP is a lumbar support brace. MTUS/ACOEM states Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptoms relief. The patient is beyond the acute phase of care, and the use of a lumbar support is not in accordance with MTUS/ACOEM guidelines for chronic pain. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.

HEMOCARE ASSISTANCE, 6 HOURS PER DAYS 7 DAYS PER WEEK FOR 6 WEEKS: 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 MTUS Chronic Pain Medical Treatment Guidelines - Home health services Page(s): 51.

Decision rationale: The patient is a 56 year-old female with a 2/19/2004 date of injury. The medical report that contains the request or rationale for the homecare assistance 6 hours/day for 7 days a week for 6 weeks was not available for this IMR. The most recent report available is the 11/18/13 orthopedic QME report. On 11/18/13 the patient had complaints of bilateral shoulder pain, bilateral elbow pain, bilateral wrist pain, as well as pain in the thumbs, left 4th and 5th fingers, low back pain, right knee and ankle pain. MTUS recommends home health care up to 35 hours/week for patients that are homebound. MTUS states : " 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. " The request for 42-hours per week homecare is not in accordance with MTUS guidelines, and it is not clear what medical treatment the patients requires. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.

AXID 10/325MG, #60: 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 Chronic Pain Medical Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-.

Decision rationale: The patient is a 56 year-old female with a 2/19/2004 date of injury. The medical report that contains the request or rationale for the use of Axid was not available for this IMR. The most recent report available is the 11/18/13 orthopedic QME report. On 11/18/13 the patient had complaints of bilateral shoulder pain, bilateral elbow pain, bilateral wrist pain, as well as pain in the thumbs, left 4th and 5th fingers, low back pain, right knee and ankle pain. The documents submitted does not discuss any of the MTUS risk factors for GI events, that would allow for use of Axid, an H2 receptor antagonist on a prophylactic basis, and does not mention any current symptoms of GERD or ulcers or dyspepsia from NSAIDs that would support use of Axid as current treatment. The current medical reports from [REDACTED] office were not provided for this IMR. Based on the information provided, the use of Axid is not in accordance with MTUS guidelines. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.

NORCO 10/325MG, #120: 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 MTUS Chronic Pain Medical Treatment Guidelines Page(s): 8-9 of 127.

Decision rationale: The patient is a 56 year-old female with a 2/19/2004 date of injury. The medical report that contains the request or rationale for the use of Norco was not available for this IMR. The most recent report available is the 11/18/13 orthopedic QME report. On 11/18/13 the patient had complaints of bilateral shoulder pain, bilateral elbow pain, bilateral wrist pain, as well as pain in the thumbs, left 4th and 5th fingers, low back pain, right knee and ankle pain. The documents submitted the prescribing physician were not provided for this review. The QME from the submitted documents, notes the patient is taking Norco, but does not discuss efficacy. MTUS on page 9 states "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement" MTUS page 8 states: "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life". There is no reporting on efficacy of the medications, the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of Norco. MTUS does not recommend continuing treatment if there is not a satisfactory response. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.

RIGHT KNEE SYNVISIC INJECTION X THREE (3): 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 ODG-TWC guidelines, Knee chapter for Hyaluronic acid injections (<http://www.odg-twc.com/odgtwc/knee.htm#Hyaluronicacidinjections>)

Decision rationale: The patient is a 56 year-old female with a 2/19/2004 date of injury. The medical report that contains the request or rationale for the use of Synvisc to the right knee x3 was not available for this IMR. The most recent report available is the 11/18/13 orthopedic QME report. On 11/18/13 the patient had complaints of bilateral shoulder pain, bilateral elbow pain, bilateral wrist pain, as well as pain in the thumbs, left 4th and 5th fingers, low back pain, right knee and ankle pain. The reports from the prescribing physician were not provided for this review. According to the prescribing physician, the patient feels the right knee is 90% worse, but there is no diagnosis or exam findings of severe osteoarthritis, which is the indication for Synvisc. MTUS and ACOEM did not specifically discuss Synvisc injections for the knee, so ODG guidelines were consulted. Based on the available information. The ODG criteria for Synvisc(hyaluronic acid) injections requires "Documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria, which requires knee pain and at least 5 of the following:(1) Bony enlargement; (2) Bony tenderness; (3) Crepitus (noisy, grating sound) on active motion; (4) Erythrocyte sedimentation rate (ESR) less than 40 mm/hr; (5) Less than 30 minutes of morning stiffness;(6) No palpable warmth of synovium; (7) Over 50 years of age;(8) Rheumatoid factor less than 1:40 titer (agglutination method);(9) Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm³);"The request for Synvisc injections x3 for the right knee without documentation of osteoarthritis in the right knee, is not in accordance with ODG guidelines. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.