

Case Number:	CM14-0108204		
Date Assigned:	08/01/2014	Date of Injury:	12/31/1992
Decision Date:	10/20/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/11/2014

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 Internal Medicine and is licensed to practice in New York. 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 50 year old female medical assistant with a date of injury of 12/31/1992. She fell down some stairs and injured her right ankle, neck, back, both knees, both shoulders and wrists. She had 5 ankle surgeries and then went back to full duty work. On 12/18/2013 (21 years after the injury) she had 10/10 total body pain. There was a plan to place her in a facility for opiate detox. She continued to "have high levels of opiates with poor function." On 03/13/2014 it was noted that she went back to regular duty work but was off for the ankle surgeries. On 10/03/2000 she was working and a tray fell on her head. She injured her right eye. Her medications included Abilify, Fentanyl, Bupropion, Alprazolam, Duloxetine, Demerol, Cyclobenzaprine, Quetiapine and Topiramate. Muscle motor was normal. She had bilateral ankle surgery on 02/08/2008. Previously she had numerous courses of physical therapy. On 05/05/2014 it was noted that the patient had depression with previous suicide attempts.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home based exercise program: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 287 - 305..

Decision rationale: MTUS, ACOEM notes that there should be instruction in a home exercise program for severe injuries and that the purpose of a couple of physical therapy visits is for instruction in a home exercise program. This patient has had numerous courses of physical therapy with home exercise instruction and additional formal instruction for a home exercise program is not medically necessary.

Home health for eight (8) hours daily, seven (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: MTUS, Chronic Pain, Home Health Services on page 51 notes "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." There is no documentation that this patient is home bound. Therefore, the request is not medically necessary.

Urine tox: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On going Treatment Page(s): 78.

Decision rationale: There is no issue of pain control, drug abuse or drug addiction documented in the file. MTUS notes that urine testing for on-going opioids, urine screening may be used for abuse, addiction or poor pain control. Also, for low risk patients ODG recommends drug testing once a year and there is no documentation of when this test was done previously. Therefore, the request is not medically necessary.

Functional restoration program evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 49.

Decision rationale: The patient actually returned to work after her date of injury. On 05/05/2014 one of her main problems was severe depression with previous suicide attempts. The requested 6 to 8 week functional restoration program is not medically necessary as there it is

extremely unlikely that she could fully cooperate with this program. Also the request for evaluation for a 6 to 8 week program is not consistent with MTUS, Chronic Pain, page 49 which states that there must be documented effectiveness of a functional restoration program must be documented at 2 weeks. So an evaluation for a 6 to 8 week program without requiring efficacy within two weeks is not consistent with MTUS. Also, the request of a functional restoration program more than 20 years after the injury when the patient actually returned to work previously is not medically necessary.