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| Case Number: | CM14-0016876 | | |
| Date Assigned: | 04/11/2014 | Date of Injury: | 01/04/1997 |
| Decision Date: | 05/28/2014 | UR Denial Date: | 01/15/2014 |
| Priority: | Standard | Application Received: | 02/10/2014 |

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 Occupational 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:

The patient is an employee of [REDACTED] and has submitted a claim for lumbago, bilateral CTS, right rotator cuff disorder, major depressive disorder, and cauda equina syndrome associated with an industrial injury date of 01/04/1997. The treatment to date has included lumbar decompression, cortisone injection to the right shoulder, spinal cord stimulator, physical therapy, wrist cock-up splints, and medications including oral steroids, Glucosamine/Chondroitin, Nortriptyline, Cyclobenzaprine, Pregabalin, Hydrocodone, Buspar, Final Determination Letter for IMR Case Number [REDACTED] Sertraline, Risperidone, Elavil, Xanax, Temazepam, Voltaren gel, and Capsaicin cream. The utilization review from 01/15/2014 denied the requests for follow-up with orthopedic service because patient is not considered a surgical candidate and is not in a postoperative period; TENS unit purchase because guidelines recommend a one-month home-based TENS trial initially; and housekeeping 8 hours per week because this is not included under home health services of ODG. Medical records from 2005 to 2014 were reviewed showing that patient complained of persistent pain and weakness of the right shoulder rated as severe. She likewise complained of pain on both wrists, hands, neck and upper back pain. This resulted to difficulty performing activities of daily living. She was unable to use a cane in her right hand because of weakness. She felt depressed over her chronic pain and disability. She was unable to cook three meals a day due to pain. Physical examination showed tenderness over the anterolateral aspect of the right shoulder. Range of motion of the right shoulder was limited to 140 degrees towards forward flexion. There was significant pain and weakness upon testing the supraspinatus tendon against resistance. Impingement sign at right shoulder was positive. There was negative drop arm. Phalen's test was positive bilaterally. Sensation to pinprick was decreased over the volar aspect of the thumb, index and middle fingers, bilaterally. CT Arthrogram of the right shoulder on October 2013 showed evidence of

complete tear of the right rotator cuff measuring 8mm. EMG/NCS, dated November 2012, revealed moderate right and mild left carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

FOLLOW UP WITH AN ORTHOPEDIC SERVICE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES ODG PAIN SECTION OFFICE VISITS.

Decision rationale: The California MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter was used instead. It states that evaluation and management (E&M) outpatient visits to the offices of medical doctor play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. In this case, the orthopedic surgeon has been monitoring the patient's condition since 2012. Initially, she was deemed as a poor surgical candidate, however, recent report stated that the plan is to perform open right rotator cuff repair, based on the results of CT arthrogram. However, the request is non-specific and open-ended as to what specific service to be rendered. A rotator cuff repair for a 1997 DOI seems to require further evidence as to the likely outcomes. Therefore, the request for follow-up with an orthopedic service is not medically necessary.

TENS UNIT PURCHASE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114,116.

Decision rationale: As stated in page 114 of California MTUS Chronic Pain Medical Treatment Guidelines, TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. In this case, patient already underwent physical therapy that utilized TENS unit. She reported pain relief and functional improvement from its use. However, medical records submitted and reviewed did not provide any evidence that patient is still continuing her home exercise program which is a requisite adjunct for TENS. Moreover, as stated in page 116, a treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. There was no documentation submitted regarding specific goals that should be achieved with the use of TENS. In addition, there is no documentation as to why a rental unit cannot suffice at present since the

guidelines recommend a one-month trial initially. Therefore, the request for TENS unit purchase is not medically necessary.

HOUSE KEEPING 8 HOURS PER WEEK: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES: HOME HEALTH SERVICES.

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

Decision rationale: As stated in page 51 of California MTUS Chronic Pain Medical Treatment Guidelines, home health services are only recommended for otherwise recommended medical treatment for patients who are homebound, 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. In this case, the rationale given for this request is because patient is unable to use her right arm for housekeeping duties due to pain and weakness. She complained of difficulties performing activities of daily living. However, as recommended by the guidelines stated above, home health services should not include homemaker services such as cleaning and laundry. The medical necessity as stated is inconsistent with the MTUS recommendations. There is no clear indication in the medical records provided that the patient has a need of professional nursing services for the purposes of home health. Therefore, the request for housekeeping 8 hours per week is not medically necessary.