

Case Number:	CM14-0115008		
Date Assigned:	08/04/2014	Date of Injury:	02/19/2004
Decision Date:	10/03/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/22/2014

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 Family Practice and is licensed to practice in Texas and Mississippi. 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 injured worker is a 56-year-old female who reported an injury on 02/19/2004 caused by a slip and fall in the parking lot with injuries to the knees, low back, and hands. The injured worker's treatment history included surgery, home health care, and 12/2011 physical therapy, x-rays, EMG/NCV studies, medications. The provider noted the injured worker's treatment will require a right knee arthroplasty with lysis of scar and manipulation under anesthesia. The provider noted this would be about the fourth procedure on the right knee. The provider requested an MRI of the left knee. The injured worker was evaluated on 04/10/2014 and it was documented that the injured worker had ongoing pain to the wrists/hands. She has on and off pain in terms of frequency. There was numbness and tingling to the end of the fingertips. With regard to the low back, the pain was constant. There was pain to the tailbone area. The pain radiated down to the right leg. The injured worker was experiencing pain in her knees. She had constant pain to the left knee. Her right knee was off and on. She described the left knee pain as extreme pain that extends to the left upper thigh. The right knee pain was described as burning pain and feeling a ball of fire to the knee. Physical examination of the right knee revealed diffuse tenderness. A healed incision was noted about the knee. There was crepitus to the knee. Joint effusion was present. There was 30 degrees flexion contracture. The injured worker ambulated with antalgic gait to the right side. Examination of the lumbar spine revealed bilateral hamstring tightness. There were no muscle spasms. A negative straight leg raising was carried out. Diagnoses included right hand surgeries X2, right hand scar revision surgery, right carpal tunnel release, left wrist pain, lumbar spine mechanical back pain secondary to altered gait, right total knee replacement, right knee flexion contracture, right knee status post manipulation under anesthesia, and revision of right total knee surgery. The Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3 X PER WEEK X 8 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The California MTUS Guidelines may support up to 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The documents submitted indicated the injured worker has had conservative care to include physical therapy. However, the provider failed to indicate outcome measurements of home exercise regimen and physical therapy sessions. The provider failed to indicate long-term functional goals and outcome measurements. In addition the request will exceed recommended amount of visits per the guideline. The request lacked where the injured worker requires physical therapy. Given the above, the request for physical therapy 3 X per week X 8 weeks is not medically necessary.

HOME HEALTH CARE 5 HOURS PER DAY, 7 DAYS PER WEEK FOR 3 MONTHS: Upheld

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 Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: c) My rationale for why the requested treatment/service is or is not medically necessary: The requested is not medically necessary. The Chronic Pain Medical Treatment Guidelines (MTUS) only recommends Home Health Services for medical treatment for patients who are Home bound, 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. The request failed to indicate frequency and duration of home care visits. The documents provided on 04/20/2014 lack documentation of the injured worker being homebound, on a part time or "intermittent" basis. In addition, there was no rationale given why the injured worker is requesting for Home Health Care 5 hours per day, 7 days per week for 3 months is not medically necessary.

SOMA 350MG #30, 1 TABLET AT NIGHT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: c) My rationale for why the requested treatment/service is or is not medically necessary: The requested Soma 350 mg #30, 1 tablet at night is not medically necessary. California (MTUS) Chronic Pain Medical Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Furthermore, there was lack of documentation on the injured worker using the VAS scale to measure functional improvement after the injured worker takes the medication. In addition, the guidelines do not recommend Soma to be used for long-term use. Given the above, the request for Soma 350 mg is not medically necessary.