

Case Number:	CM14-0144920		
Date Assigned:	09/12/2014	Date of Injury:	01/28/2010
Decision Date:	12/24/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/08/2014

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 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:

A 55 yr. old male claimant sustained a work injury on 1/28/10 involving the low back. According to the prior review notes, the claimant had undergone spine surgery and repair of a pseudomeningocele in June 2014. A visiting nurse had recommended a continuation of home health visits 4 fours per day for domestic care due to bowel and bladder dysfunction. In August 2014, the claimant was noted to have right shoulder pain and impingement findings with limited range of motion. A subsequent request was made for 12 sessions of physical therapy for the right shoulder. In addition, a request was made in September 2014 for a pain management consultation and the use of Linzess.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 times a week for 4 weeks for right shoulder: Upheld

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

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

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or

less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits and myalgia and myositis, unspecified 9-10 visits over 8 weeks and neuralgia, neuritis, and radiculitis, and unspecified 8-10 visits over 4 weeks. In this case, the amount of therapy requested exceeds the amount recommended by the guidelines. There is no indication that exercises cannot be performed in a home program. The request for 12 sessions of physical therapy is not medically necessary.

Home Health, RN recommends home health aide 4 hours daily 5 days per week for 4 weeks: Upheld

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

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

Decision rationale: Home health services are 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. In this case, the services to be provided by home health were not specified. Routine domestic activities are not included. The request for the home health services are not supported by necessity in the clinical notes and are not medically necessary.

Pain Management consult with follow-up: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM for Independent Medical Examinations and Consultations regarding Referrals, Chapter 7

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2nd Edition, (2004) Specialist referral and pg 127 Official Disability Guidelines (ODG) Office Visits

Decision rationale: According to the ACOEM guidelines, a specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. In addition, the ODG guidelines state that office visits are recommended as necessary. In this case, the indication for pain management is not specified. The claimant is seeing a Neurosurgeon for back and surgical related issues. In addition, the frequency and need for follow-up was not indicated from an original consultation. The request for a pain management specialist consult follow-up is not medically necessary.

Linzess 145mCg #30: 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 FDA indications for Linzess

Decision rationale: Linzess is indicated for irritable bowel syndrome and idiopathic constipation. The ACOEM and MTUS guidelines do not comment on Linzess. In this case, the claimant was not diagnosed with the above illnesses. The use of Linzess is not supported in the clinical notes and is not medically necessary.