MAXIMUS Federal Services

Case Number:	CM14-0157107		
Date Assigned:	09/30/2014	Date of Injury:	03/25/2003
Decision Date:	11/05/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/25/2014

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, Pulmonary Diseases 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 injured worker is a 56-year-old female who reported an injury on 03/25/2003. The mechanism of injury was not provided. On 08/14/2014, the injured worker presented with bilateral shoulder pain. Prior therapy included rest, activity modification, heat, massage, the use of a TENS unit, and a paraffin wax bath. On examination of the shoulders there was nonspecific tenderness bilaterally to palpation with moderate tenderness at the acromioclavicular joint to the right. There was also tenderness to the left infraspinatus. The apprehension test revealed pain in the bilateral shoulders, and the impingement maneuver was positive to the right side. Examination of the elbow noted nonspecific tenderness to the right elbow. Upon palpation there was mild tenderness of the lateral epicondyle. The diagnoses were right upper lateral epicondylitis, right moderate cubital tunnel syndrome, right shoulder sprain/strain, bilateral de Quervain's syndrome, bilateral carpal tunnel syndrome, shoulder impingement syndrome, and medial meniscus tear of the left knee. The provider recommended an MRI of the right elbow, interferential unit, home health visits, and a urine drug screen. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Right Elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42-43.

Decision rationale: The California MTUS/ACOEM Guidelines state that imaging studies are not needed for most injured workers presenting with elbow problems unless at least a 4 week conservative treatment and observation fail to improve symptoms. Most injured worker has improved quickly provided red flag conditions are ruled out. The criteria for use of an imaging study include emergence of a red flag, imaging study results will substantially change the treatment plan and failure to progress in a rehabilitation program, or evidence of a significant tissue insult or neurologic dysfunction that has been shown to be correctable by invasive treatment. Lack of documentation in the medical documents provided of a red flag that needed to be addressed, or significant deficits related to the right elbow. The provider's rationale for an MRI was not provided. As such, the request of MRI for the Right Elbow is not medically necessary and appropriate.

IF Unit: 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 Guidelines, Criteria for the use of TENs, Page(s): page(s) 116..

Decision rationale: The request for IF Unit is not medically necessary. The California MTUS Guidelines do not recommend interferential unit as a primary treatment modality. A 1 month home based trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence based functional restoration. The results of studies are inconclusive and the published trials do not provide information on stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long term effectiveness. There is lack of documentation indicating significant deficits upon physical examination. The efficacy of the injured worker's previous courses of conservative care was not provided. The provider stated that the injured worker underwent a course of interferential therapy; however, positive results with the use of this modality were questionable. The request is also unclear if the injured worker needed to rent or purchase the IF unit and which body part it's intended for. As such, medical necessity was not established.

12 Hours Daily for 7 Days a Week with RN Every 12 Weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare benefits manual

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

Decision rationale: The California MTUS state home health services is recommended only for medical treatment for injured workers who are homebound on a part-time or intermittent basis and generally for no more than 35 hours a week. The treatment does not include homemaker services like shopping, cleaning and laundry, and personal care given by the home health aides like feeding, dressing, and using the restroom when this is the only care needed. The provider's rationale for a RN visit 12 hours daily for 7 days a week was not provided. Additionally, the provider's request for the number of hours exceeds the guideline recommendations. There is lack of documentation that the injured worker is homebound on a part time or intermittent basis. As such, the request of 12 Hours Daily for 7 Days a Week with RN Every 12 Weeks is not medically necessary and appropriate.

Urine Drug Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Test, Page(s): 43.

Decision rationale: The California MTUS Guidelines recommend a urine drug screen as an option to assess for the use or presence of illegal drugs. It may be used in conjunction with a therapeutic trial of opioids for ongoing management and as a screening for misuse and addiction. The documentation provided did not indicate the injured worker displayed any aberrant behaviors, drug seeking behavior, or whether the injured worker was suspected of illegal drug use. It is unclear when the last urine drug screen was performed. Additionally, there is no evidence of opioid use. As such, Urine Drug Screen is not medically necessary and appropriate.