

Case Number:	CM14-0037101		
Date Assigned:	06/25/2014	Date of Injury:	02/26/1999
Decision Date:	07/25/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/27/2014

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 a 70-year-old female who was injured on 02/26/1999 when she slipped and fell. Prior treatment history has included Butrans, Cymbalta, oxy-IR, Zanaflex, Metformin, and Lisinopril. The patient has tried physical therapy without relief and massage without relief. Office visit dated 02/24/2014 states the patient complained of right shoulder pain radiating to the right hand. She rated her pain a 7/10. On exam, the neck is tender at trigger points with pain on rotation to the right with extension, pain with flexion, and limited rotating to the right. Her grip strength is 5/5 on the left and 3/5 on the right. She has notable right hand contractures. Her right shoulder range of motion is decreased with external rotation. She has positive Hawkins and speeds test. The assessment is RSD/CRPS of the upper extremity, neuralgia, low back pain, lumbar radiculitis radiculopathy, postlaminectomy syndrome of the lumbar spine, and arm pain. The plan is to continue with medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Additional visits of Cognitive Behavior Therapy (CBT): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Cognitive Behavior Therapy (CBT). Psychotherapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy Page(s): 23.

Decision rationale: The California MTUS guidelines recommends any additional Cognitive Behavioral therapy requires a report that documents objective functional improvement for/as Step 3: Pain is sustained in spite of continued therapy (including the above psychological care). Intensive care may be required from mental health professions allowing for a multidisciplinary treatment approach. In this case, the medical records do not document objective functional improvement. Therefore, the request eight additional visits of Cognitive Behavior Therapy (CBT) is not medically necessary and appropriate.

Continued Housekeeping: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

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

Decision rationale: The California MTUS guidelines recommends continued housekeeping for/as 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 medical records do not document that the patient has had any objective functional improvement and that the patient request is for homemaker services. Therefore, the request for continued housekeeping is not medically necessary and appropriate.