

Case Number:	CM14-0039003		
Date Assigned:	08/01/2014	Date of Injury:	02/20/2009
Decision Date:	09/11/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/02/2014

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:

This patient is a 71 year old female who has developed chronic neck, low back and knee pain secondary to an injury dated 2/20/2009. The mechanism of the injury are not detailed in the records provided for review, but there appears to have been some facial trauma due to acceptance of a loose tooth and a current request for a specialty evaluation for possible hearing loss secondary to the injury. The pain levels at the involved body parts are reported as being 7-8/10. A left knee arthroscopy has been recommended and authorized. There is no documentation of a home health evaluation for post op medical needs. There is no documentation of a foot or ankle condition or injury. There is no documentation of the extent of prior aquatic therapy nor is there documentation of the functional outcomes from the therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue aquatic therapy for the cervical/lumbar spine and bilateral shoulders/knees; two times per eight weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: MTUS Guidelines support the use of aquatic therapy when there is difficulty with weight bearing. However, the requesting physician does not provide adequate details to evaluate for compliance with Guideline recommendations. The Guidelines recommend up to 8-10 sessions of supervised aquatic or land based therapy for chronic pain conditions. There is no documentation of the extent of prior aquatic therapy or the benefits of the therapy. In addition, there is no documentation if the request for an additional 16 sessions of aquatic therapy is supervised or unsupervised. Under the current circumstances the request for aquatic therapy is not medically necessary.

Consultation with neurologist: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 80.

Decision rationale: It appears that the prior UR reviewed this as a request for a consultation with a Neurologist. The request is actually for a consultation with a Neurotologist which is an ENT subspecialty very similar to an Otolologist. The request is due to complaints of hearing loss secondary to the injury. MTUS Guidelines support referrals to specialists for evaluation when the issue is beyond the expertise of the treating physician. The request for a consultation with an Otolologist is medically necessary.

Home health assistance: four hours a day, five days a week for four weeks (following left arthroscopy): 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 based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.medicare.gov/Pubs/pdf/10969.pdf> page 8.

Decision rationale: MTUS Guidelines supports the limited use of Home Health Services to provide medical care. However, the requesting provider does not medically justify the specific request for 5 hours a day, 5 days a week for 4 weeks. Post operatively, if the patient is home bound might be reasonable to provide home health medical wound care, but the provider does not explain how this would take 5 hours a day, 5 days a week for 4 weeks. Medicare Guidelines provide additional details and the extent of the request does not meet these Guidelines. Often a provider requests a Home Health Evaluation and follows their recommendations as they are the experts in meeting published Guidelines. The specifics of the request for 5 hrs per day, 5 days a week, for 4 weeks is not medically necessary.

Bilateral foot orthotics: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: MTUS Guidelines supports the use of orthotics if specific conditions or diagnosis are present. The requesting physician does not provide any details that allow for an assessment of compliance or a reasonable exception to Guidelines. Under these circumstances the orthotics are not medically reasonable.

Kronos Lumbar Pneumatic Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar Supports.

Decision rationale: MTUS Guidelines do not support the use of lumbar supports for chronic low back pain. ODG Guidelines add additional details and support at least a trial if there is a demonstrated instability or fracture. This patient does not meet MTUS or ODG Guidelines as the low back pain is chronic and is not associated with instability or fractures. The request for the Kronos Lumbar Pneumatic Brace is not medically necessary.

Referral/consultation with a dental specialist for evaluation and treatment: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 80.

Decision rationale: MTUS Guidelines certainly support the referral to an appropriate specialist for evaluation, but they do support open ended treatment by any specialist. If the requesting physician had only requested an evaluation and recommendations the request would be compliant with Guidelines. However, the open ended nature of the request including treatment is not consistent with Guidelines. The request for evaluation and treatment is not medically necessary.