MAXIMUS Federal Services

Case Number:	CM14-0071560		
Date Assigned:	07/16/2014	Date of Injury:	10/08/2004
Decision Date:	10/07/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/16/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 54-year-old gentleman was reportedly injured on October 8, 2004. The most recent progress note, dated June 6, 2014, indicates that there are ongoing complaints of right hand pain. The physical examination demonstrated a flexion deformity of the DRP joint of the long finger of the right hand as well as tenderness over the PIP joint. The injured employee has the ability to oppose the thumb and index finger. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a right middle finger PIP joint reconstruction, a right elbow ulnar nerve transposition, a right carpal tunnel release, and a right Guyon's canal release. And postoperative physical therapy as well as a home exercise program. A request had been made for home healthcare assistance eight hours per day, five days per week for 12 weeks, transportation to and from ALL medical appointments, and Zanaflex and was not certified in the pre-authorization process on May 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Care Assistance, 8 Hours Per Day, 5 Days Per Week X 12 Weeks: 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 of 127.

Decision rationale: According to California Chronic Pain Medical Treatment Guidelines the criteria for home health services includes that the injured employee's homebound on at least a part-time or intermittent basis. A review of the attached medical records does not indicate that the injured employee is homebound and in need of any type of home health assistance. Therefore this request for home health services is not medically necessary.

Transportation To And From All Medical Appointment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): PAGE 79.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Transportation, Updated July 10, 2014.

Decision rationale: As with the request for home healthcare, the attach medical record does not contain any information regarding the injured employees ability or inability to manage transportation to and from appointments. Without additional justification, this request is not medically necessary.

Zanaflex 4mg, 1-2 Tabs 3 Times A Day, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63, 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66 of 127.

Decision rationale: Zanaflex is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note, the injured employee does not have any complaints of acute exacerbations nor are there any spasms present on physical examination. For these reasons this request for Zanaflex is not medically necessary.