

Case Number:	CM14-0080583		
Date Assigned:	06/20/2014	Date of Injury:	05/01/2012
Decision Date:	07/18/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/15/2014

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 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 33 year-old patient sustained an injury on 5/1/12 while employed by. Requests under consideration include Home assistance 4 hours per day for 4 weeks and Genetic testing. Report of 2/25/14 from the provider noted the patient with unchanged symptoms of pain with involuntary twitching in right fingers; bilateral wrist pain with associated numbness and tingling; and low back pain radiating to bilateral legs. Exam showed left shoulder AC joint tenderness; limited left shoulder range of motion; limited left wrist range of motion. Treatment plan included EMG/NCV of bilateral upper extremity and medications. Diagnoses include s/p repair of right TFCC tear with left ulnar osteotomy and shortening, scapholunate repair and removal of ganglion cyst on 10/2/13. Report of 1/14/14 from the provider noted topical creams and meds help; PT is slow progress; symptoms not changed. No objective findings documented. Diagnoses include right ankle/ right shoulder/ left knee/ left elbow ID; L/S radiculopathy; and Anxiety & depression. Treatment include multiple compounded topicals; genetic testing for narcotic risk; cervical pillow; multiple consultations (6 doctors); and refill meds. The requests for Home assistance 4 hours per day for 4 weeks and Genetic testing were non-certified on 3/5/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home assistance 4 hours per day for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH SERVICES Page(s): 52.

Decision rationale: This 33 year-old patient sustained an injury on 5/1/12 while employed by. Requests under consideration include home assistance 4 hours per day for 4 weeks and Genetic testing. A report from 2/25/14 from the provider noted the patient with unchanged symptoms of pain with involuntary twitching in right fingers; bilateral wrist pain with associated numbness and tingling; and low back pain radiating to bilateral legs. An exam showed left shoulder AC joint tenderness; limited left shoulder range of motion; limited left wrist range of motion. Treatment plan included EMG/NCV of bilateral upper extremity and medications. Diagnoses include s/p repair of right TFCC tear with left ulnar osteotomy and shortening, scapholunate repair and removal of ganglion cyst on 10/2/13. A report from 1/14/14 from the provider noted topical creams and meds help; PT is slow progress; symptoms not changed. No objective findings documented. Diagnoses include right ankle/ right shoulder/ left knee/ left elbow ID; L/S radiculopathy; and Anxiety & depression. Treatment include multiple compounded topical; genetic testing for narcotic risk; cervical pillow; multiple consultations (6 doctors); and refill meds. The MTUS and Medicare guidelines support home health for patients who are homebound requiring intermittent skilled nursing care or home therapy and do not include homemaker services such as cleaning, laundry, and personal care. The patient does not meet any of the criteria to support this treatment request and medical necessity has not been established. Submitted reports have not adequately addressed the indication or demonstrated the necessity for home health. The patient does not appear homebound as the patient attends office visits independently without person or equipment assist. There is no specific deficient performance issue evident as it is reported the patient has no documented deficiency with the activities of daily living. It is unclear if there is any issue with family support. Reports have unchanged chronic symptoms without clear neurological deficits identified for home therapy. Submitted reports have not demonstrated support per guidelines criteria for treatment request. The home assistance 4 hours per day for 4 weeks is not medically necessary and appropriate.

Genetic testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (Odg) Pain Chapter, Pages 789-795; Opioids, Differentiation: Dependence & Addiction Pages 802-806; Opioids, Screening For Risk Of Addiction (Tests), Pages 809-810.

Decision rationale: This 33 year-old patient sustained an injury on 5/1/12 while employed by. Requests under consideration include home assistance 4 hours per day for 4 weeks and Genetic testing. Report of 2/25/14 from the provider noted the patient with unchanged symptoms of pain with involuntary twitching in right fingers; bilateral wrist pain with associated numbness and tingling; and low back pain radiating to bilateral legs. Exam showed left shoulder AC joint tenderness; limited left shoulder range of motion; limited left wrist range of motion. Treatment plan included EMG/NCV of bilateral upper extremity and medications. Diagnoses include s/p repair of right TFCC tear with left ulnar osteotomy and shortening, scapholunate repair and

removal of ganglion cyst on 10/2/13. Report of 1/14/14 from the provider noted topical creams and meds help; PT is slow progress; symptoms not changed. No objective findings documented. Diagnoses include right ankle/ right shoulder/ left knee/ left elbow ID; L/S radiculopathy; and Anxiety & depression. Treatment include multiple compounded topicals; genetic testing for narcotic risk; cervical pillow; multiple consultations (6 doctors); and refill meds. MTUS/ACOEM is silent on genetic testing for narcotic abuse risk; however, ODG Guidelines does not recommend genetic testing. Although there may be a strong genetic component to addictive behavior, current research for testing remains experimental as studies are inconsistent with inadequate statistics for a large range of phenotypes, using different control criteria. More studies are suggested to verify for roles of variants in addiction to better understand effects upon different populations. Submitted reports have not adequately demonstrated the indications or documented extenuating circumstances for genetic testing outside the guidelines' non-recommendation. The Genetic testing is not medically necessary and appropriate.