MAXIMUS Federal Services

Case Number:	CM14-0097401		
Date Assigned:	07/28/2014	Date of Injury:	11/09/2010
Decision Date:	09/29/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/25/2014

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 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 applicant is a represented [redacted] employee who has filed a claim for chronic low back, hip, and knee pain reportedly associated with an industrial injury of November 9, 2010.Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; and unspecified amounts of physical therapy over the life of the claim.In a Utilization Review Report dated June 9, 2014, the claims administrator denied a request for extracorporeal shockwave therapy, six sessions of physical therapy, and a home health aide. It was suggested that the home health aide was being sought for the purpose of assistance of activities of daily living. The claims administrator invoked a variety of MTUS and non-MTUS ODG guidelines in its denial.The applicant's attorney subsequently appealed.In a handwritten note dated May 22, 2014, the applicant reported persistent complaints of hip and knee pain. The applicant had apparently returned to work on a part-time basis as a security guard. The applicant stated that his wife and children were helping him perform cooking and activities of daily living. The applicant's wife and children were helping him tie his shoes, do grocery shopping, and do personal hygiene. Home healthcare was sought for the purpose of assistance with activities of daily living. Extracorporeal shockwave therapy was seemingly sought, along with physical therapy, admittedly through usage of preprinted checkboxes. A variety of other consultations were also endorsed, including pain management consultation, a psychiatry consultation, etc. It did appear that the applicant received extracorporeal shockwave therapy for trochanteric bursitis of the hip on April 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave Therapy 1 time per week for 3 weeks for left hip: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints,Acupuncture Treatment Guidelines,Chronic Pain Treatment Guidelines Pain Medical Treatment Guidelines, Therapeutic Ultrasound topic and Physical Medicine Page(s): 123, 98.

Decision rationale: Extracorporeal shockwave therapy is a subset of therapeutic ultrasound. However, as noted on page 123 of the MTUS Chronic Pain Medical Treatment Guidelines, therapeutic ultrasound is "not recommended" in the chronic pain context present here. Similarly, the Third Edition ACOEM Guidelines Knee Chapter notes that "for most body parts," that there is evidence that extracorporeal shockwave therapy is "ineffective." Finally, page 98 of the MTUS Chronic Pain Medical Treatment Guidelines emphasizes active therapy and active modalities during the chronic pain phase of a claim as opposed to continued dependence and continued reliance on passive modalities such as the extracorporeal shockwave therapy at issue here. Therefore, the request is not medically necessary.

Physical therapy 1 times per week for 6 weeks: Overturned

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 Physical Medicine topic Page(s): 99.

Decision rationale: The six-session course of treatment proposed is consistent with the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnosis present here. The applicant was reportedly having a flare of pain on and around the date in question, apparently associated with the applicant's return to work as a security guard. A brief, six-session course of physical therapy such as that proposed is indicated to reinforce a home exercise program, given the applicant's reported exacerbation of pain and seemingly successful response to earlier treatment as evinced by the applicant's return to work as a security guard. Therefore, the request is medically necessary.

Home Health Care 4 hours per Day for 5 Days per Week: Upheld

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

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

Decision rationale: As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, home health services are recommended to deliver otherwise recommended medical care in applicants who are homebound. In this case, there is no evidence that the applicant is homebound. The applicant is attending work as a security guard. The services being sought by the attending provider, namely assistance with activities of daily living, household chores, cooking, grocery shopping, personal hygiene, etc., are, per page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, not covered when sought as stand-alone services. Therefore, the request is not medically necessary.