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| Case Number: | CM14-0117987 | | |
| Date Assigned: | 08/06/2014 | Date of Injury: | 02/28/2013 |
| Decision Date: | 02/05/2015 | UR Denial Date: | 07/23/2014 |
| Priority: | Standard | Application Received: | 07/28/2014 |

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 Family Practice 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:

Patient had a date of injury on 2/28/2013. Patient had his arm caught in a machinery with a crush injury. Diagnosis includes: left humerus fracture, left arm avulsion, left chest wall avulsion, left forehead laceration.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Home Assessment between 7/3/14 and 9/19/14: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Labor code 4600(a)

Decision rationale: According to the guidelines a home assessment is not a needed medical service for the relief of the work industry and thus is not medically necessary.

1 TENS unit between 7/3/14 and 9/19/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS. Page(s): 116.

Decision rationale: According to guidelines criteria for use of TENS unit for chronic pain include documentation of pain of at least three months duration, there is evidence that other appropriate pain modalities have been tried (including medication) and failed, a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during thistrial, other ongoing pain treatment should also be documented during the trial period including medication usage, a treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted, a 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessaryAccording to the patient's medical records there is no documentation of a months trial and thus is not medically necessary.

Zolpidem (no quantity or dose listed) between 7/3/14 and 9/19/14: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ambien

Decision rationale: According to guidelines it states ambien is used for short term use for treatment of insomnia usually two to six weeks. According to the medical records it states the patient has been on ambien for a prolonged period of time and is not medically necessary.

Escitalopram (no quantity or dose listed) between 7/3/14 and 9/19/14: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) escitalopram.

Decision rationale: According to guidelines it states escitalopram is used for seasonal anxiety disorder, general anxiety disorder, OCD, and PTSD. Ther must be a trial of 12 weeks with documentation of response. There is no documentation of the amount and thus is not medically necessary.