

Case Number:	CM14-0187986		
Date Assigned:	11/18/2014	Date of Injury:	04/15/1998
Decision Date:	01/06/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/11/2014

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 Illinois. 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 injured worker is a 60-year-old female who reported an injury in 04/1998. Her mechanism of injury was unspecified. Her diagnoses included pain in the joint involving multiple sites, myalgia and myositis, and cervicalgia. Her past treatments included massage therapy, medication, physical therapy, support groups, Botox injections, epidural steroid injections, and pool exercise. On 09/24/2014, the injured worker complained of left shoulder and upper extremity pain rated 6/10 and 8/10 on average without massage therapy. The physical examination revealed the cervical spine range of motion was noted with flexion at 60 degrees, extension at 30 degrees, side bend at 20 degrees on the right and 40 degrees on the left, and rotation at 57 degrees on right and 42 degrees on the left. The documentation indicated that the pain in the left upper extremity to the left lower extremity caused severe quality of life decrease and an inability to sleep on the back to get an adequate amount of sleep. Her medications were noted to include oxycodone, Naprosyn, hydroxyzine, Phenergan, tramadol, ibuprofen, Lidoderm patch, baclofen, Xanax, Elavil, T3/T4, simvastatin, aspirin, and multivitamins. Dosages and frequencies were not provided. The treatment plan included a home attendant, massage therapy, pool exercise, and transportation to and from appointments and therapies. A rationale was not provided. A Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home attendant, 40 hours a week for 12 weeks: 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 Services Page(s): 51.

Decision rationale: The request for Home attendant, 40 hours a week for 12 weeks is not medically necessary. According to the California MTUS Guidelines, it is only recommended for otherwise recommended medical treatment for patients who are home bound, on a part time or intermittent basis, which is generally up to no more than 35 hours per week. Furthermore, medical treatment does not include homemaker services like shopping, cleaning, and laundry. Personal care given by home health aides should only include bathing, dressing, and using the bathroom when this is the only care needed. The documentation noted the injured worker to have chronic upper extremity and left lower extremity pain. However, the documentation failed to indicate the injured worker to be either home bound or to need a home health aide to be used on a part-time or intermittent basis for no more than 35 hours per week. More specifically, the documentation failed to indicate the home health aide would only be needed for bathing, dressing, or using the bathroom when this is the only care needed. Furthermore, the request exceeds the allotted amount that is suggested by the guidelines. Based on the above, the request is not medically necessary.

Massage therapy, two times a week for twelve weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

Decision rationale: The request for Massage therapy, two times a week for twelve weeks is not medically necessary. According to the California MTUS Guidelines, massage therapy may be recommended as an option as indicated below. The treatment should be used in adjunct to other recommended treatments such as exercise and should be limited to 4 visits to 6 visits in most cases. Furthermore, the guidelines indicate that many studies lack long term follow-up and that it is a passive intervention and treatment dependence should be avoided. It was indicated the injured worker to have had massage therapy going beyond the 4 visits to 6 visits allotted indicated in the guidelines. The guidelines does not recommend massage therapy for long term use as it is a passive intervention and treatment dependence should be avoided. As such, the request is not medically necessary.

Pool exercise, three times a week for twelve 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: The request for Pool exercise, three times a week for twelve weeks is not medically necessary. According to the California MTUS Guidelines, aquatic therapy may be recommended as an optional form of exercise therapy where available as an alternative to land based physical therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desired. However, the supervised visits are comparable to physical medicine, which would specify 8-10 visits. It is indicated the injured worker had previously authorized pool exercises. However, there was a lack of documentation to indicate efficacy or duration and the amount specified for the previous pool exercise therapy. Based on the lack of documentation and the request exceeding the guideline recommendations, the request is not supported by evidence based guidelines. As such, the request is not medically necessary.