

Case Number:	CM14-0192109		
Date Assigned:	12/24/2014	Date of Injury:	03/05/2003
Decision Date:	01/26/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/17/2014

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 Rehab, has a subspecialty in Interventional spine 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 patient is a 52 year old male with an injury date on 03/05/2003. Based on the 01/7/2014 appeal report provided by the treating physician, the diagnoses are: 1. Left hip greater trochanteric bursitis secondary to compensation for altered gait with limp due to right lower extremity injury, with history of increased symptoms with MRI scan dated May 21, 2014 revealing, mild osteoarthritic changes of the hip and X-ray dated July 14, 2012 revealing slight to moderate degenerative joint disease. 2. Right hip sprain secondary to chronic limp/altered gait and osteoarthritis, with MRI scan dated June 3, 2009 revealing superior hip joint narrowing, atrophy of the internal/external obturator muscle and capsular scarring/fibrosis, with history of increased symptoms and X-ray dated July 14, 2014 revealing slight degenerative joint disease. According to this report, the patient came in for a follow-up visit on 10/10/ 2014 with complaints of left greater than right hip pain with difficulty standing and walking. Pain is rated at a 5/10 with the use of medications and a 9/10 without the use of medications. Examination of the bilateral hips reveals tenderness over the anteromedial hip. Patrick Fabere's test elicited, increased bilateral hip pain. Range of motion of the bilateral hip is decreased with increased pain. On 11/19/ 2014, the patient came in for another follow-up visit with complains of "left hip was still painful with loss of motion." The patient states "left hip 'catches' and were becoming stiff." Pain is rated at a 5-6/10 with the use of medications and a 9/10 without the use of medications. The patient's current weight is 260 pounds with body mass index of 41. The patient reported that "walking was limited to half to one block and had to sit due to pain." Patient's treatment to date includes left greater trochanteric bursa injection with 20% improvement. The patient works status was not mentioned in this report. The utilization review denied the request for (1) random UDS, (2) 6 weeks of home care assistant, (3) 1 Quad cane, (4) 1 wheelchair, and (4)

1 supervised weight loss program on 10/21/2014 based on the MTUS/ODG guidelines. The requesting physician provided an appeal report dated 01/7/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Random Urine Drug Screen: 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 (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines UDS Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter under urine drug testing

Decision rationale: According to the 01/07/2014 appeal report, this patient presents with bilateral hip pain with difficulty standing and walking. The current request is for 1 random urine drug screen. Regarding UDS's, MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. In reviewing the provided report, the treating physician states in the appeal letter that "the reasons for the non-certification are (a) the documentation indicated that urine drug screens were performed on April 16, 2014 and September 12, 2014; therefore, another one is not necessary." In this case, the patient has had 2 UDS in the past year with the most recent test administered on 09/12/2014. The treating physician did not provided a discussion regarding the patient showing any adverse behavior with opiates use. The treating physician did not explain why another UDS is needed. There is no discussion regarding this patient being at risk for any aberrant behaviors. Therefore, the current request is not medically necessary.

6 weeks of Home Care Assistant: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefits Manual (Rev.144 05-06-11), Chapter 7 - Home health Services; section 50.2 (Home Health Aide Services)

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

Decision rationale: According to the 01/07/2014 appeal report, this patient presents with bilateral hip pain with difficulty standing and walking. The current request is for 6 weeks of home care assistant. Regarding home health service, MTUS guidelines recommend medical treatment for patients who are home bound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. MTUS guidelines typically do not consider homemaking services such as shopping, cleaning, laundry, and personal care, medical treatments if these are

the only services needed. In reviewing the provided report, the treating physician states in the appeal letter that the patient "experiences marked increased symptoms with home care activities of house work including mopping, vacuuming, making the bed and sweeping, cooking and doing the dishes, laundry, grocery shopping, yard work and caring of his three children ages 5, 7 and 14 years old." The patient "required assistance with bathing, dressing, wiping himself following using the toilet in addition to requiring assistance frequently to assist him in rising from the bed or a chair." In this case, the treating physician indicates that the patient needs help with house care such as cooking, laundry, shopping as well as personal care such as dressing, bathing, etc. However, there is no documentation of why the patient is unable to perform self-care. No neurologic and physical deficits are documented on examination and there is no debilitating diagnosis provided for this patient, only chronic pain. The MTUS guidelines are clear that Home Health Services are for medical treatment only and not for homemaker services or activities of daily living. There is no documentation found in the reports provided that the patient requires medical treatment at home, only homemaker services. The current request is not medically necessary.

1 Quad cane: 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) - Knee & Leg (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee /leg chapter: walking aides

Decision rationale: According to the 01/07/2014 appeal report, this patient presents with bilateral hip pain with difficulty standing and walking. The current request is for 1 Quad cane. Regarding walking aide, OGD guidelines state "Recommended, as indicated below. Almost half of patients with knee pain possess a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid." Review of the report shows that the patient "used cane all the time when he was out of the house." In this case, the treating physician does not discuss what is wrong with the existing cane and why the patient needs another one. Therefore, the current request is not medically necessary.

1 wheelchair: 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) - Knee & Leg (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter: manual wheelchair

Decision rationale: According to the 01/07/2014 appeal report, this patient presents with bilateral hip pain with difficulty standing and walking. The current request is for 1 wheelchair to "assist the patient in going out of the house especially if it will take far distance. Also, it will provide relaxation especially for his hip." Regarding manual wheelchair, ODG guidelines under Knee chapter, supports the use of a manual wheelchair if prescribed by the treating physician. ODG does not go into any criteria or indications for medical necessity of a manual wheelchair. There does appear to be documentation of the patient having difficulty with walking and standing but no details regarding mobility at home. AETNA guidelines deem a manual wheelchair medically necessary when the patient is unable to perform mobility-related ADL's at home. In this case, there is no documentation that the patient has difficulty handling mobility-related ADL's at home. The list of diagnosis does not show any mobility issues other than chronic pain. Therefore, the current request is not medically necessary.

1 Supervised Weight Loss Program (ie. [REDACTED]): 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: Aetna: Clinical Policy Bulletin: Weight Reduction Medications and Programs: Number: 0039

Decision rationale: According to the 01/07/2014 appeal report, this patient presents with bilateral hip pain with difficulty standing and walking. The current request is for 1 supervised weight loss program (ie. [REDACTED]). Regarding weight loss programs, MTUS and ODG Guidelines do not provide a discussion. AETNA guidelines are used which considers weight reduction medically necessary and states "considered medically necessary for weight reduction counseling in adults who are obese (as defined by BMI 30 kg/m2**)." AETNA allows for medically supervised programs only and no other programs such as exercise programs or use of exercise equipment, Rice diet or other special diet supplements (e.g., amino acid supplements, Optifast liquid protein meals, [REDACTED] pre-packaged foods, or phytotherapy), [REDACTED], or similar programs. Review of the report the treating physician documented that the patient is obese with BMI of 41. In this case, given that the patient is "obese (as defined by BMI 30 kg/m2**)," per AETNA guidelines. AETNA supports a "medically supervised programs only." However, the treating physician is requesting weight loss program (ie. [REDACTED]) which is not supported by the guidelines; therefore, the current request is not medically necessary.