

Case Number:	CM14-0203028		
Date Assigned:	12/15/2014	Date of Injury:	02/23/2006
Decision Date:	01/30/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/04/2014

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:

This individual is a 57 y/o female who has developed a chronic pain syndrome subsequent to an injury dated 2/23/06. She has been diagnosed with degenerative joint disease in the right knee, low back pain, significant depression and chronic anxiety. Her pain levels are reported to be 3/10 and the most recent urine drug screen from 9/04/14 was negative for prescribed opioids (hydrocodone) to be used on a prn basis. There is a history of a trial of massage therapy with approved 4 sessions. No lasting changes or functional improvement as a result of massage therapy is documented. There is no evidence that this individual is home bound. The records document that a urine drug screen was authorized in utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Message therapy for right knee 2 x 6 (12): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

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

Decision rationale: The California MTUS Guidelines are very specific that massage therapy should be limited to 4-6 sessions and should be utilized within the framework of functional

restoration. There are no exceptional circumstances such as, supporting a return to work or significant functional improvements, to justify an exception to the Guideline recommendations. The additional 12 sessions two times six times weeks is not medically necessary.

Home Health Aide 2hr/day x 5/days x 6 wks: 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): 51. Decision based on Non-MTUS Citation <http://www.medicare.gov/Pubs/pdf/10969.pdf>

Decision rationale: California MTUS Guidelines are very specific that home health services are only indicated if there is a specific need for skilled health service and the individual is home bound. The MTUS Guidelines are consistent with Medicare Guidelines. These Guideline standards are not met. The Home Health Aide 2hr/day times five/days times six weeks is not medically necessary.

Urine Toxicology Screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Screen Page(s): 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: From my review of the records, when this was requested it was authorized in utilization review and was performed on 9/04/14. The request for urine drug screening is consistent with Guidelines and is medically necessary.