

<b>Case Number:</b>	CM15-0100712		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	05/01/2008
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New Jersey, New York  
 Certification(s)/Specialty: Family Practice

### 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 is a 62 year old male with a May 1, 2008 date of injury. A progress note dated April 4, 2015 documents subjective findings (getting weaker on the left side; still having pain and having difficulty with the paralysis on the left upper extremity), objective findings (ambulates with a cane; complete paralysis on the left side; residual deformity and swelling of the left wrist and inability to move it actively), and current diagnoses (history of cerebrovascular accident; paralysis, left side; arthritis, knees and shoulders). Treatments to date have included right knee arthroscopy, physical therapy, imaging studies; medications, injections, acupuncture, and bracing. The treating physician documented a plan of care that included pool therapy, home health care, Norco, Synvisc injections to the left knee, and cortisone injection to the left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health Care, unknown quantity:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefits Manual, Chapter 7, Home Health Services, section 50.2.

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

**Decision rationale:** The request is considered medically necessary. According to MTUS, home health services are recommended only "for otherwise recommended medical treatment for patients who are homebound, on a part-time or intermittent basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." According to the chart, the provider requested 5 hours of home health care for 6 days a week. Because the patient has left-sided paralysis, he would benefit from services. Therefore, the request is medically necessary.

**8 pool therapy visits:** Overturned

**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 is considered medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy as an alternative to land-based physical therapy when reduced weight bearing is desirable. The patient does have left-sided paralysis but is able to ambulate with cane with difficulty. The patient has had therapy but no documented improvement in symptoms and function. He should have been recommended to do home muscle-stretching exercises and at this point, the patient should be able to perform home exercises. However, given his medical conditions and residual paralysis, aquatic therapy may be warranted. Therefore, aquatic therapy is medically necessary at this time.

**Synvisc injection to the left knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg (Acute and Chronic): Hyaluronic Acid Injections.

**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 (acute & chronic), hyaluronic acid injections.

**Decision rationale:** The request for Orthovisc is not medically necessary. ODG guidelines were used as MTUS does not address this request. Synvisc may be beneficial for severe osteoarthritis for patients who have not responded to conservative treatment. It is not a cure, but provides comfort and functional improvement to temporarily avoid knee replacement. The patient was documented to have had Synvisc injections; however, objective evidence of improvement in pain and function was not documented. Therefore, continued Synvisc is not medically necessary at this time.

**Cortisone injection to the left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, 213.

**Decision rationale:** The request is considered not medically necessary. The patient had received cortisone injections previously without documentation of improvement in signs and symptoms. There should be assessment of benefit between injections in order to continue. Therefore, the request is considered not medically necessary.

**Norco 10/325mg quantity 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

**Decision rationale:** The request for Norco is not medically necessary. The patient has been on opiates for extended amount of time without objective documentation of the improvement in pain and function. There is no documentation of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. There are no recent urine drug screens or drug contract documented. There are no clear plans for future weaning, or goal of care. Because of these reasons, the request for Norco is considered medically unnecessary.