

Case Number:	CM15-0104910		
Date Assigned:	06/09/2015	Date of Injury:	08/09/2001
Decision Date:	07/16/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/01/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 64 year old woman sustained an industrial injury on 8/9/2001. The mechanism of injury is not detailed. Treatment has included oral, topical, and intravenous medications and surgical intervention. Physician notes dated 5/1/2015 show complaints of right arm pain. Recommendations include intravenous pain medications via patient controlled analgesia, begin oral pain medications, continuous block, wound vac device, physical and occupational rehabilitation, bowel regimen, primary team follow up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skilled nursing facility for IV antibiotic therapy and dressing changes as needed for 3 weeks: 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-TWC), Pan Procedure Summary; ODG-TWC, Knee and Leg Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), skilled nursing facility (SNF) care.

Decision rationale: As stated by the Official Disability Guidelines, admission to a skilled nursing facility is recommended if necessary after hospitalization when the patient requires skilled nursing or skilled rehabilitation services, or both, on a 24-hour basis. According to the records, the patient was self-sufficient prior to admission to the hospital. A physical therapy evaluation on the day of discharge stated that the patient was ambulating twenty-five feet with the aid of an IV pole. The previous UR physician modified the request so that the patient's needs were managed through a home health-nursing agency. Skilled nursing facility for IV antibiotic therapy and dressing changes as needed for 3 weeks is not medically necessary.

Physical therapy for the right elbow/shoulder, for ambulation and ADLS (3 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pages 58-60.

Decision rationale: The request is for inpatient physical therapy while the patient was to be admitted to a skilled nursing facility. The SNF admission is not medically necessary and the previous UR physician authorized outpatient services. In addition, the patient was ambulating twenty-five feet prior to discharge from the hospital. Physical therapy for the right elbow/shoulder, for ambulation and ADLS (3 weeks) is not medically necessary.

Occupational therapy for the right elbow/shoulder, for ambulation and ADLS (3 times a week for 3 weeks, in home): 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 Pages 98-99.

Decision rationale: Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. The MTUS recommends passive therapy only during the early phases of the treatment and when they can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. The patient's situation meets the criteria except that three-week duration is not sparingly. The previous UR physician modified the request accordingly. Occupational therapy for the right elbow/shoulder, for ambulation and ADLS (3 times a week for 3 weeks, in home) is not medically necessary.

PICC (peripherally inserted central catheter) line care for 3 weeks (in home) to include IV antibiotic therapy and dressing changes as needed: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Infectious Diseases Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Peripherally Inserted Central Catheters, Advanced Practice Nursing eJournal. 2005;5(3).

Decision rationale: The MTUS and Official Disability Guidelines are silent on the above issue; consequently, alternative sources were used. Peripherally Inserted Central Catheters (PICCs), American College of Physicians. 2013, and Peripherally Inserted Central Catheters, Advanced Practice Nursing eJournal. 2005; 5(3) were referenced. Peripherally inserted central catheters (PICCs) are frequently used to obtain central venous access for patients in acute care, home care and skilled nursing care. PICCs are a reliable alternative to short-term central venous catheters, with a lower risk of complications. PICCs can provide central venous access for administration of any type of infusate. They are less invasive and have fewer potential complications than percutaneous central venous catheters, and can be left in place for an extended period of time. When used properly, PICCs are very reliable. A PICC is often the central VAD of choice, due to the lower incidence of infection compared with subclavian and internal jugular percutaneous catheters, and because there is no risk of pneumothorax with the PICC insertion procedure. The patient is scheduled for at least ten days of IV antibiotics, and possibly up to three weeks. Long-term IV access is required. PICC (peripherally inserted central catheter) line care for 3 weeks (in home) to include IV antibiotic therapy and dressing changes as needed is medically necessary.

Transportation as needed: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Department of Health Care Services - California: Criteria for Medical Transportation and Related Services.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Department of Health Care Services Criteria Manual Chapter 12.1, Criteria for Medical Transportation and Related Services Non-emergency medical transportation.

Decision rationale: Nonemergency medical transportation is provided when necessary to obtain program covered medical services and when the beneficiary's medical and physical condition is such that transport by ordinary means of private or public conveyance is medically contraindicated. This type of medical transportation is subject to prior authorization. Each authorization request for such transportation must be accompanied by either a prescription or order signed by a physician, dentist, or podiatrist, which describes the medical reasons necessitating the use of nonemergency medical transportation. There is no documentation that the use of public or private transportation is medically contraindicated. In addition, a patient's transportation needs back and forth to doctor visits is not a medical issue; consequently, it is not covered and California Labor Code, section 4610. An independent medical review officer cannot speak to the issue of either to authorize or not to authorize transportation to and from a doctor's office except to determine whether public or private transportation is contraindicated. This issue would be better decided by the claims administrator. Transportation as needed is not medically necessary.