

Case Number:	CM15-0130268		
Date Assigned:	07/16/2015	Date of Injury:	03/01/2005
Decision Date:	08/18/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/06/2015

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, North Carolina
 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:

The injured worker is a 49 year old male who sustained an industrial /work injury on 3/1/05. He reported an initial complaint of pain in neck, left arm, lower back, and left leg. The injured worker was diagnosed as having hearing loss in right ear, cervical spine radiculopathy, depression, severe headaches, periodic leg movement (PLM), mild obstructive sleep apnea, post-traumatic stress disorder, and erectile dysfunction/hemorrhoids. Treatment to date includes medication and diagnostic testing. EMG/NCV (electromyography and nerve conduction velocity test demonstrated mild left carpal tunnel syndrome. Currently, the injured worker complained of decreased hearing, erectile dysfunction, periodic leg movements, lightheadedness, poor sleeping, right lower extremity pain, depression, cervical spine and lumbar spine pain. There was also nervousness and forgetfulness. Per the primary physician's report (PR-2) on 6/17/15, exam noted increased jaw jerking and positive Lermitt's sign, mild carpal tunnel syndrome, periodic leg movement and depressive mood, hearing loss in the right ear. Current plan of care included audiology evaluation, medication, home assistance, and psychological evaluation. The requested treatments include home assistance visits, one audiology evaluation for hearing aid, for the right ear, and one follow-up psychological evaluation and treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sixty home assistance visits, four hours daily, five days per week: 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).

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

Decision rationale: CA MTUS guidelines state that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or intermittent basis, generally 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. In this case, home health services are not warranted. The patient is not homebound and is not in need of skilled nursing care. The services requested are homemaker services which do not qualify as medical services. Therefore the request is not medically necessary.

One audiology evaluation for hearing aid for the right ear: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) head chapter, audimetric evaluation, hearing aides.

Decision rationale: The request is for an audiology evaluation for hearing aid for the right ear. The request is not medically necessary as an audiology evaluation has not been performed indicating that the claimant needs a hearing aid. Therefore the request is deemed not medically necessary.

One follow-up psychological evaluation and treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI), Preventive Services for Adults, Bloomington (MN); 2010 Sep. 79 p.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101.

Decision rationale: CA MTUS guidelines state that psychological treatment is recommended for appropriately identified patients during treatment for chronic pain, delayed recovery, or poor response to treatment. However, in this case, a follow-up psychological evaluation and treatment is not medically necessary. A prospective authorization of an unknown treatment is not appropriate, and is therefore deemed not medically necessary.