

Case Number:	CM15-0168271		
Date Assigned:	09/09/2015	Date of Injury:	05/29/2001
Decision Date:	10/13/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/26/2015

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: Georgia, California, Texas

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:

The injured worker is a female, who was injured while at work on 5-29-2001. Diagnoses have included: status post bilateral carpal tunnel releases with residual symptoms, status post left wrist triangular fibrocartilage repair, left wrist ulnocarpal abutment syndrome, status post right shoulder rotator cuff repair with residual right shoulder stiffness, left shoulder impingement syndrome, cervical spine strain, history of thoracic spine pain, history of right knee arthralgia, and history of cerebral vascular accident. Subjective findings revealed are: On 3-2-2015 there is no documentation of subjective complaint regarding the right knee. She reported intermittent dull to sharp right shoulder pain with radiation into the elbow and dull pain along the forearm down to the hand. On 7-15-2015, she reported that she was having pain, buckling and locking of her right knee. She rated this pain 7-8 out of 10. She also reported numbness and tingling in her hands, and decreased motion and pain in the right shoulder. She rated the right shoulder pain 6-7 out of 10 and requested a surgical consultation. Objective findings revealed are: On 3-2-2015 an AME evaluation noted no redness or swelling of the knees, Q ankle was within normal limits bilaterally, and patellar tracking appeared within normal limits bilaterally. The range of motion was documented to be within normal limits with no popping, crepitus, or locking. Tenderness was noted bilaterally on palpation of the knees bilaterally, and all provocative testing elicited negative results. The shoulder are noted to have decreased range of motion with the right noted as more than the left, and tenderness is noted bilaterally to the shoulders. Provocative testing elicited negative results bilaterally to the shoulders. On 7-15-2015 the right knee is noted to be positive for crepitus and grind, tender to palpation in the patellar region, and a decreased range

of motion. The right shoulder is noted to have tenderness in the acromioclavicular joint, crepitus, and decreased range of motion. Diagnostic results are: There is no documentation of testing for the right knee in the available records. A magnetic resonance imaging of the right shoulder (3-6-2015) revealed status post rotator cuff repair, no fracture, dislocation or subluxation, decreased subacromial space from the rotator cuff tear, no bone or joint abnormalities, and no SLAP injury is noted. Treatments to date have included: Right knee surgery (2002), AME (3-2-2015), magnetic resonance imaging of the cervical spine, shoulders and wrists (3-6-2015), home therapy exercises, knee braces, and medications. The request is for: one magnetic resonance imaging of the right knee; 30 days of home care assistance 4 hours per day, 5 days per week for 6 weeks; and one surgery consultation for the right shoulder. The UR dated 7-22-2015, provided non-certification of one magnetic resonance imaging of the right knee; and non-certification of 30 days of home care assistance 4 hours per day, 5 days per week for 6 weeks; non-certification of one surgery consultation for the right shoulder; and certification of one right knee x-ray. The medical records have several pages of handwritten information which is difficult to decipher. The work status is noted as: unable to work due to a stroke on 2-11-2011 that is reported to prevent her from walking. She has since retired and is on Social Security Disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

One MRI of the right knee: Overturned

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Summary, Special Studies.

Decision rationale: ACOEM's Occupational Medicine Practice Guidelines 2004 edition, Ch.13 (Knee Complaints) discussion of General Approach and Basic Principles states: "In the absence of red-flag signs or symptoms, evaluation and treatment can proceed in the acute phase for four to six weeks without performing special studies because the yield of treatment-altering findings is low and most patients' conditions improve within that period of time." Table 13-6. Summary of Recommendations for Evaluating and Managing Knee Complaints recommends arthroscopic meniscectomy for patients with severe mechanical symptoms and signs or serious activity limitations if MRI findings are consistent with meniscal tear. Based upon the documented persistent mechanical symptoms following an extended course of conservative treatment, the requested knee MRI is reasonable and is medically necessary.

30 Days of home care assistant 4 hours a day 5 days a week for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefits Manual.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

Decision rationale: MTUS recommends home health services 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. MTUS states that 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. Per 03/02/15 AME report, the injured worker reported difficulty with activities of daily living, particularly following a stroke in 2011. However, she continued to drive and does not appear to be homebound. The requested services do not include any specific medical treatment, and do not meet the MTUS definition of home health services. Due to lack of compliance with MTUS recommendations concerning home health services, the request is not medically necessary.

One surgery consult for the right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: ACOEM's Occupational Medicine Practice Guidelines Ch. 9 (Shoulder Complaints) discussion of surgical considerations states: Referral for surgical consultation may be indicated for patients who have: Red-flag conditions (e.g., acute rotator cuff tear in a younger worker, glenohumeral joint dislocation, etc.); Activity limitation for more than four months, plus existence of a surgical lesion; Failure to increase ROM and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion; Clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical repair. Based upon the documented ongoing symptoms and functional limitations relating to the injured worker's right shoulder, as well as the documented physical exam and imaging findings, a possible surgical condition is suggested. There has been a failure of surgery and conservative treatments to improve the right shoulder. The requested surgical consultation is reasonable and is medically necessary.