

Case Number:	CM15-0180890		
Date Assigned:	09/22/2015	Date of Injury:	02/01/2013
Decision Date:	10/27/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/14/2015

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 York, Pennsylvania, Washington

Certification(s)/Specialty: Internal Medicine, Geriatric 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 54 year old female who sustained an industrial injury on February 01, 2013. A primary treating office visit dated April 16, 2015 reported current subjective complaint of continues to experience "neck, left shoulder, mid and low back pain as well as bilateral hand pain and numbness." She reports, "sleep difficulty" and "bouts of stress and anxiety." She manages her overall symptoms by taking prescribed medications and stretching. Previous treatment to include: activity modification; physical therapy session, consultations and diagnostic testing. Current medication regimen noted consisting of: Venlafaxine, Temazepam, Tramadol, and Beconase. The patient states prior to the injury she "had no disabling conditions" and "could perform all activities of daily living without any difficulties." Since the injury "there are episodes of increased pain to her neck, left shoulder, mid and low back", causing her "difficulty taking a shower, driving for prolonged periods of times, doing house chores, and grocery shopping, pushing, pulling, gripping, grasping, bending, stooping, standing, walking, reaching, lifting, and carrying." Objective assessment noted, "there is tenderness to pressure over the bilateral anterior shoulders" and "bilaterally positive impingement signs." The impression found the worker with: cervical sprain; derangement of joint not otherwise specified of shoulder, and lumbar strain and sprain. The plan of care is with recommendation for a course of physical therapy treating neck, low back and bilateral shoulders; continue with current medications: Carisoprodol, Naproxen, and Omeprazole. Primary follow up dated July 30, 2015 reported, "there has been no significant improvement since the last exam." She complains of "worsening of her physical and psychological symptoms." She has difficulty with taking care of her

household chores. She requires help in performing her chores. There is note of previous request for acupuncture care noted with denial. The plan of care is with recommendation for acupuncture session treating the low back shoulders and neck; home care assisting with home chores. On August 14, 2015 a request was made for home care services three hours daily four days a week to perform household chores noted with denial due to the supporting documentation did not provide sufficient evidence that met established standards of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 3x4 Neck/Low Back/Shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Time to produce functional improvement is 3 to 6 treatments. The records do not indicate that the worker is not able to return to productive activities or that the worker is participating in an ongoing exercise program to which the acupuncture would be an adjunct. Additionally, in this injured worker, the medical records do not show that pain medication was reduced or not tolerated to support the medical necessity for acupuncture treatments. Therefore, the request is not medically necessary.

Home Care 3 hours per day 4 times a week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Per the guidelines, 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. The request is for home health care 3 hours daily, 4 days per week for homemaking. The records do not document a current functional status to substantiate that she has difficulty with homemaking tasks. Additionally, the records do not substantiate that the worker is homebound. The records do not support the medical necessity for home health assistance services. Therefore, the request is not medically necessary.