

Case Number:	CM15-0205482		
Date Assigned:	10/22/2015	Date of Injury:	05/17/2015
Decision Date:	12/10/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/20/2015

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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

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 63 year old female who sustained a work-related injury on 5-17-15. She reported an injury to her coccyx area and head after a slip and fall incident. Medical record documentation on 9-24-15 revealed the injured worker was being treated for a sacral fracture, coccygeal fracture, chronic sacral and coccygeal pain, myofascial pain syndrome, and severe deconditioning. She rated her pain an 8 on a 10-point scale and reported that her pain was at best a 5 on a 10-point scale and at worse a 10 on a 10-point scale. Her medication regimen included Hydrocodone-APAP 5-325 mg, Lisinopril-hydrochlorothiazide, Lidoderm patch 5%, and Tylenol 500 mg. Objective findings included a 50% in flexion, extension, rotation and side bending in the cervical spine. Her shoulder range of motion was reduced bilaterally 30% in flexion, extension, supination and pronation. Her lumbar spine range of motion was flexion to 10 degrees, extension to 0 degrees and she was unable to perform side bending and rotation due to pain. She exhibited extremely limited hip range of motion due to pain. Her sensation to light touch, pinprick and temperature was decreased on the right L4-S1. She had 4- to 5 strength bilaterally in the upper extremities. Her motor strength in the left lower extremity was 4- to 5 and in the right was 3-5 in all muscle groups tested. Her previous conservative care included pain medications, physical therapy, and exercise program with no change in her condition. The evaluating physician noted the injured worker had a significant loss in the ability to function resulting from chronic pain and she was essentially leading a sedentary existence with care from her 77 year old partner. She was unable to bathe, dress, groom, do home duties without assistance and when necessary received assistance from her partner. She had a complete loss of

social activity with her family and friends and loss of recreational activity. She had been in a skilled nursing facility from May until August of 2015 and was unable to perform activities of daily living, care for herself, transfer and was wheelchair bound with occasional one to two minutes walking. A request for Hotel Stay, Daily Transportation and Caregiver was received on 10-5-15. On 10-8-15, the Utilization Review physician determined Hotel Stay, Daily Transportation and Caregiver were not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hotel Stay: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, Prevention, Cornerstones of Disability Prevention and Management.

Decision rationale: The ACOEM Chapter 2 on General Approaches to indicates that specialized treatments or referrals require a rationale for their use. According to the documents available for review, there is no rationale provided to support a hotel stay. Therefore at this time the requirements for treatment have not been met, and medical necessity has not been established, therefore is not medically necessary.

Daily transportation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Ambulance services. Medicare Part B.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, Prevention, Cornerstones of Disability Prevention and Management.

Decision rationale: The ACOEM Chapter 2 on General Approaches to indicates that specialized treatments or referrals require a rationale for their use. According to the documents available for review, there is no rationale provided to support the request for daily transportation. Therefore at this time the requirements for treatment have not been met, and medical necessity has not been established, therefore is not medically necessary.

Caregiver: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention, General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, Cornerstones of Disability Prevention and Management.

Decision rationale: The ACOEM Chapter 2 on General Approaches to indicates that specialized treatments or referrals require a rationale for their use. According to the documents available for review, there is no rationale provided to support the request for a caregiver. Therefore at this time the requirements for treatment have not been met, and medical necessity has not been established, therefore is not medically necessary.