

Case Number:	CM15-0056000		
Date Assigned:	04/01/2015	Date of Injury:	07/17/2012
Decision Date:	05/15/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	03/24/2015

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, Public Health & General Preventive 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 41-year-old female who reported an injury on 07/17/2012. The mechanism of injury was unspecified. Her diagnoses include CRPS in the left lower extremity. Current medications include levorphanol, Vicodin, gabapentin, Klonopin, baclofen, Cymbalta, Topamax, Dexilant, biotin, magnesium citrate, ketamine, and Phenergan. Other therapies were noted to include physical therapy, psychotherapy, and medications. On 04/03/2015, the injured worker complained of severe left ankle pain, headaches, difficulty concentrating, and pain in left upper and lower extremity. The physical examination revealed tenderness at the cervical and lumbar paraspinal muscles, and decreased sensation and motor strength. Reflexes were indicated to be normal. The assessment included status post twisting of the left ankle, left foot and ankle scar tissue removal, CRPS, and post-traumatic migraine headaches. The treatment plan included transportation to and from appointments, Topamax 50 mg, home health care 8 hours a day, assistance and companionship, OT 2 times a week for 8 weeks, physical therapy 2 times a week for 8 weeks, and an MRI of the brain, cervical, thoracic, and lumbar spine. A Request for Authorization was not provided. A rationale was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care x8 hours a day x5 days a week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

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

Decision rationale: The California Medical Treatment Utilization Schedule recommends home health services for injured workers who are home bound and who are in need of part time or "intermittent" medical treatment of up to 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 injured worker was noted to have complaints of bowel and bladder incontinence and that she was unable to take care of herself at home and perform ADLs. However, there was lack of documentation indicating the injured worker was home bound on a part time or intermittent basis. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary or appropriate at this time.

Labs (SMA-18, C3 c-diff, Magnesium level): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://labtestsonline.org/understanding/analytes/cdiff/>.

Decision rationale: According to labtestsonline.org, C. diff is used to detect the presence of an infection caused by toxin producing Clostridium difficile bacteria when a person has mild, moderate, or severe diarrhea that persists for several days with abdominal pain, loss of appetite, and fever, following antibiotic therapy. SMA/CMPs are used to check the current status of kidneys and liver as well as electrolyte and acid/base balance and levels of blood glucose and blood proteins; to monitor known conditions, such as hypertension, and to monitor the use of medications to check for any kidney or liver related side effects. Magnesium is recommended when symptoms such as weakness, irritability, cardiac arrhythmia, nausea, and/or diarrhea that may be due to too much or too little magnesium; or with abnormal calcium or potassium levels. The injured worker was noted to have CRPS. However, there was lack of documentation in regard to a clear rationale for the medical necessity of laboratory testing to include the identification of C. diff, comprehensive metabolic panel for the status of her kidneys or liver, and to determine the level of magnesium. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary or appropriate at this time.

Follow up in 2 weeks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Office visits.

Decision rationale: The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The injured worker was noted to have CRPS. However, there was a lack of documentation in regard to the medical necessity as documented for the monitoring of medications, such as opioids or antibiotics. Furthermore, there was a lack of a clear rationale to indicate the medical necessity for a 2 week follow-up as office visits are varied depending on the patient's concerns, signs and symptoms, and clinical stability. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Transportation to and from MD appointment/Therapy sessions: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg chapter, Transportation (to & from appointments).

Decision rationale: According to the Official Disability Guidelines, transportation to and from appointments is usually recommended to be medically necessary for patients in the same community with disabilities preventing them from self-transport. This includes patients with disabilities that are over the age of 55 and are in a nursing home level of care. The injured worker was noted to have CRPS. However, there was lack of documentation indicating the injured worker had a disability preventing them from self-transport or had a nursing home level of care. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary or appropriate at this time.

Occupational therapy left upper extremity 2x8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: According to the California MTUS Guidelines, physical therapy is recommended in patients with associated symptoms of myalgia, myositis, neuralgia, neuritis, or radiculitis for up to 10 visits over 4 weeks. There should also be indication of a self-directed home exercise program to facilitate in the fading of treatment frequency and for continued maintenance. The injured worker was noted to have participated in previous physical medicine. However, there was lack of documentation in regard to the total number of completed conservative treatments. Furthermore, there was lack of documentation of objective functional improvement and physical examination findings to support the request. Based on the above, the request is not supported by the evidence-based guidelines. As such, the request is not medically necessary at this time.

Physical therapy left lower extremity 2x8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: According to the California MTUS Guidelines, physical therapy is recommended in patients with associated symptoms of myalgia, myositis, neuralgia, neuritis, or radiculitis for up to 10 visits over 4 weeks. There should also be indication of a self-directed home exercise program to facilitate in the fading of treatment frequency and for continued maintenance. The injured worker was noted to have participated in previous physical medicine. However, there was a lack of documentation in regard to the total number of completed conservative treatments. Furthermore, there was lack of documentation of objective functional improvement and physical examination findings to support the request. Based on the above, the request is not supported by the evidence-based guidelines. As such, the request is not medically necessary at this time.