

Case Number:	CM15-0082367		
Date Assigned:	05/04/2015	Date of Injury:	03/20/2009
Decision Date:	06/03/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/29/2015

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: Physical Medicine & Rehabilitation, 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 29-year-old female sustained an industrial injury to the left knee on 3/20/09. The injured worker later developed complex regional pain syndrome (CRPS) Type I. Previous treatment included magnetic resonance imaging, physical therapy, spinal cord stimulator, psychiatric care, home exercise, heat and medications. In a PR-2 dated 3/19/15, the physician noted that the injured worker had been seen by an orthopedic surgeon who recommended Ketamine infusions because he believed that the injured worker's CRPS was spreading. The injured worker continued to have left lower extremity symptoms of CRPS and reported that symptoms were now spreading to her hands and right ankle. The injured worker relied heavily on her spinal cord stimulator. The injured worker rated her pain 10/10 without medications and 9/10 with medications. The physician noted that the injured worker lived at home with her parents. The injured worker was noted to have intact judgment, cognition and orientation with fluent speech. Current diagnoses included status post spinal cord stimulator implantation, left knee degenerative joint disease and reflex sympathetic dystrophy of the lower limb. The treatment plan included continuing medications (Lidoderm patch, Neurontin, Methocarbamol and Tylenol with Codeine), continuing home exercise, moist heat, stretches and psychiatric care and requesting authorization for transportation to medical appointments due to the injured worker being unable to drive as well as a home health evaluation for home health care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Evaluation for Home Health Case: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services. Decision based on Non-MTUS Citation ACOEM: Occupational Medicine Practice Guidelines, 2004, page 127.

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

Decision rationale: The claimant has a history of a work injury occurring in March 2009 and continues to be treated for chronic pain. When seen, she had undergone a spinal cord stimulator implant. She had a diagnosis of left lower extremity CRPS with symptoms that were spreading to her other extremities. Medications are referenced as allowing the claimant to remain functional with increased mobility, tolerance of activities of daily living, and with performing home exercises. She had an antalgic gait with normal strength. There was left lower extremity allodynia. Home health services are recommended only for necessary medical treatments for patients who are homebound and unable to perform treatments without assistance. In this case, the claimant has been able to attend outpatient follow-up appointments and is performing activities of daily living and exercising with use of medications. Therefore, the request for a home health care service evaluation is not medically necessary.