

Case Number:	CM14-0124457		
Date Assigned:	08/08/2014	Date of Injury:	04/20/2012
Decision Date:	10/14/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/06/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 male whose date of injury is 04/20/2012. The injured worker sustained injuries to the back and shoulder secondary to pulling a hose at work. The injured worker has been authorized for 10 psychotherapy visits to date. Treatment to date includes right shoulder subacromial decompression, SLAP and Mumford on 02/19/13. Follow up note dated 03/17/14 indicates that the injured worker has finished physical therapy but has not returned to work. Medications are listed as Naproxen and Norco. Impression is status post L3-4 decompression in June 2013. Assessment notes impingement syndrome shoulder, superior glenoid labrum lesions, cubital tunnel, pain in joint forearm, neck sprain and strain, thoracic sprain and strain, lumbar sprain and strain, and herniated disc lumbar. Progress note dated 06/05/14 indicates that he performs his home exercise program regularly.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health x 8: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: Based on the clinical information provided, the request for home health x 8 is not recommended as medically necessary. CA MTUS guidelines note that home health services are recommended for injured workers who are homebound on a part time or intermittent basis for otherwise recommended medical treatment. The submitted records fail to establish that this injured worker is homebound on a part time or intermittent basis. The medical treatment to be provided is not documented. There is no clear rationale provided to support the request at this time, and therefore CA MTUS criteria are not met and medical necessity is not established.

Psychological x8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines behavioral interventions Page(s): 23.

Decision rationale: Based on the clinical information provided, the request for psychological x 8 is not recommended as medically necessary. The submitted records indicate that the injured worker has been authorized for at least 10 psychological treatment visits to date. CA MTUS guidelines support up to 10 visits of behavioral intervention with evidence of objective functional improvement. There is no clear rationale provided to support exceeding this recommendation. The submitted psychological notes are handwritten and exceedingly difficult to interpret. Given the lack of documented objective improvement with psychological treatment completed to date and no documentation of exceptional factors of delayed recovery, medical necessity is not established for the proposed psychological treatment.