MAXIMUS Federal Services

Case Number:	CM14-0146171		
Date Assigned:	09/12/2014	Date of Injury:	05/23/2011
Decision Date:	11/10/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/09/2014

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 Physical Medicine & Rehabilitation, Pain Medicine, and is licensed to practice in Ohio & Texas. 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 61-year-old male who reported an injury on 05/23/2011. The mechanism of injury was not submitted for review. The injured worker has diagnoses of unspecified disorders of bursae and tendon shoulder region, rotator cuff syndrome, and sprain/strain unspecified shoulder and upper arm. Past medical treatment consists of physical therapy, cold packs, E stim, ultrasound, massage, and medication therapy. Medications include Norco, Anaprox, and Fexmid. On 07/25/2014 the injured worker complained of left shoulder pain. It was noted on physical examination that the injured worker was negative for infection at the surgical site and had decreased range of motion. The clinical treatment plan was for the injured worker to have additional home care and have access to a sleep apnea machine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional home care, three days a week for two weeks, 3 hrs. Per day: Upheld

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

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

Decision rationale: The California MTUS Guidelines state home health services are recommended only for patients 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 submitted documentation lacked any indication to warrant the request for home health care. There was no evidence submitted showing that the injured worker was home bound and needed assistance with bathroom, bathing, or dressing. The provider also failed to provide a rationale to warrant the request. Given the above, the injured worker is not within the recommended guidelines. As such, the request for additional home health care is not medically necessary.

Battery operated sleep apnea machine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Apollo Managed Care: Continuous Positive Airway Pressure (CPAP) for OSA

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary, Noninvasive positive pressure ventilation (NPPV).

Decision rationale: According to ODG, noninvasive positive pressure ventilation is recommended for people with severe COPD. Of value in resting the respiratory muscles in patients with COPD and ventilatory failure and may be useful as an adjunct in patients with severe COPD, as part of a pulmonary rehabilitation program. Of value in acute exacerbations of COPD, but not recommended in the stable patient, with or without CO2 retention. In these patients, there is no effect on dyspnea, exercise tolerance, arterial blood gases, respiratory muscle strength, or quality of life. The submitted documentation had no indication that the injured worker had a diagnosis of COPD. The ODG does not recommend the use of NPPV in the stable patient. The provider also failed to provide a rationale as to how a machine would benefit the injured worker with any functional deficits. Given the above, the injured worker is not within the ODG criteria. As such the request for battery operated sleep apnea machine was not medically necessary.