

Case Number:	CM14-0164368		
Date Assigned:	10/09/2014	Date of Injury:	03/03/2011
Decision Date:	11/14/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/06/2014

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 Physical Medicine and Rehabilitation 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 underlying date of injury in this case is 03/03/2011. The date of the utilization review under appeal is 09/30/2014. The patient's diagnoses include status post left foot/ankle trauma, gastrointestinal pain, and benign plantar fibromatosis. On 09/02/2014, the treating physician's progress report indicates that the patient was seen in preoperative consultation prior to left foot surgery. The patient's blood pressure was particularly high at 180/100. The treating physician's note of 10/03/2014 states that the patient's surgery was being delayed until his high blood pressure and blood sugar were under better control. The patient was prescribed multiple transdermal creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Evaluation Skilled Nursing QTY: 1: Upheld

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

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on home health services states that home health services are

recommended on an interim basis when there is a medical need. The medical records in this case indicate a home health evaluation was proposed after foot surgery. However, that surgery has been delayed, and therefore, it is not possible to anticipate what the patient's home health needs or other needs would be after surgery. At this time, given that the surgery itself has not been certified, this request is not applicable. Thus, overall this request is not medically necessary.

Home health aide 3 hours daily (days) QTY: 14: Upheld

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

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on home health services recommends home health services including home health aide on a temporary basis when needed, based on the given medical circumstances. The medical records indicate that a home health aide had been proposed for the period after the patient's recovery from planned foot/ankle surgery. However, that surgery has been delayed, given the patient's hypertension and diabetes control needs. Therefore, the request for a home health aide is not applicable at this time since the patient's postoperative status cannot be known since the patient's surgery has not been approved.

Terocin Patches QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical Page(s): 28-29, 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on topical analgesics states that the clinician should prescribe topical analgesics to use only if there is a clear understanding of the rationale and proposed mechanism of action of each component ingredient. The medical records are very limited and do not document a rationale for selecting this particular topical medication. Overall, this request is not supported by the treatment guidelines. Therefore, this request is not medically necessary.