

Case Number:	CM14-0098223		
Date Assigned:	07/28/2014	Date of Injury:	05/05/2006
Decision Date:	09/22/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/26/2014

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 New Jersey. 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 worker is a 54 year old female who was injured on 5/5/2006. She was diagnosed with rotator cuff syndrome, bilateral forearm/wrist tendinitis, cervical sprain/strain, and left ankle sprain. She was treated with surgeries (left shoulder), medications, and physical therapy. On 5/5/2014, the worker was seen by her primary treating physician reporting that she completed 10 sessions of physical therapy following her most recent left shoulder surgery (3/26/2014) with good benefit, but primarily complained of weakness of her left shoulder. She also reported nausea, constipation, depression, headaches, joint pain, muscle spasms, numbness, and weight gain as documented in the review of systems. Physical examination of the left shoulder revealed a well-healed scar, decreased range of motion, slight decrease in strength, and tenderness over the acromioclavicular joint, subacromial region, and trapezius muscles. She was then recommended home care assistance for 4 hours per day three days per week for six weeks, without explanation. She was also recommended to continue her medications, including her Zanaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscles relaxants Page(s): 63-66.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond non-steroidal anti-inflammatory drug (NSAID) use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time and prolonged use may lead to dependence. In the case of this worker, she had been using Zanaflex chronically for at least months, which is not recommended for this type of medication. Also, there was no evidence that the worker was experiencing any acute muscle spasm that might warrant a short-course of a muscle relaxant. Therefore, the Zanaflex is not medically necessary.

Home care assistance for 4 hours per day 3 days per week for 6 weeks: 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 home health services Page(s): 51.

Decision rationale: The MTUS Guidelines for Chronic Pain state that home health services be recommended only for recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. The MTUS also clarifies that 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. In the case of this worker, there was no evidence found in the notes available for review that might justify a home care visit. There was no explanation as to what specifically the care assistant would be doing for the worker at home. Therefore, the home care assistant is not medically necessary.