

Case Number:	CM15-0113384		
Date Assigned:	06/19/2015	Date of Injury:	12/20/2010
Decision Date:	07/30/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/12/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 55 year-old female who sustained an industrial injury on 12/20/10. She reports back pain. Initial diagnosis is not available. Current diagnoses include lumbago, and displacement of lumbar intervertebral disc without myelopathy. Treatments to date include physical therapy, and trigger point injections. Radiographic imaging of the thoracic and lumbar spine on 11/21/14 demonstrated loss of lumbar lordosis. In a progress note dated 02/25/15 the injured worker reports her symptoms remain the same and she continues to experience pain which is an 8 on a 10 point pain scale. The lumbar spine pain is significant and radiates into the bilateral legs. She is status post recent abdominal surgery; 4 abscesses were removed and she is having incisional drainage. She is under wound care and has not been able to participate in physical therapy. Treatment recommendations include topical pain medication, urinalysis drug screen, and follow-up in six weeks to assess for physical therapy program. There is no recommendation for home health care or motor scooter in the above dated available progress note. The injured worker is under temporary total disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health aid 2-3 hours per day 3 days a week: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Home Healthcare Services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines home health Page(s): 51.

Decision rationale: According to the MTUS guidelines: Home health services are recommended only for otherwise 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. 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 this case, the specific request for home health and the services they are to provide that are medically needed were not substantiated. Termination date or length of support was not elaborated. The request is not medically necessary.

Motor scooter: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Durable Medical Equipment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines power mobility devices Page(s): 99.

Decision rationale: According to the guidelines, powered mobility devices are not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient has sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair. Early exercise, mobilization and independence should be encouraged at all steps of the injury recovery process, and if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care. In this case, the claimant was undergoing physical therapy. There was no mention of inability to use a manual wheelchair or walker. The use of a motorized scooter was not justified and is not medically necessary.

Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines urine toxicology Page(s): 82-92.

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There is no documentation from the provider to suggest that

there was illicit drug use or noncompliance. The progress notes do not indicate specific medications prescribed to concern for misuse. Based on the above references and clinical history a urine toxicology screen was not justified and was not medically necessary.