

Case Number:	CM15-0123064		
Date Assigned:	07/07/2015	Date of Injury:	08/27/1999
Decision Date:	07/31/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/25/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 58 year old female, who sustained an industrial injury on August 27, 1999. Treatment to date has included lumbar laminectomy and fusion, spinal cord stimulator implantation and medications. The injured worker had an overnight hospital admission with increasing confusion and dizziness. She was found to have two fentanyl patches in place as opposed to the one patch prescribed for use. The confused and lethargic state was determined to be related to her medications and the injured worker required urgent detox from the medications. The evaluating physician notes that the injured worker is 100% disabled and the medications are not providing any significant functional improvement. The injured worker reports that she does not feel she is capable of tolerating an outpatient detox program and medication weaning. The diagnoses associated with the request include post-laminotomy pain syndrome, cervical spondylosis with multiple level nerve root stenosis, major depressive disorder, chronic pain syndrome and narcotic dependency. The treatment plan includes inpatient detox program, home care assistance for 35 hours per week, aquatic therapy, wheeled walker with chair and shower chair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Home Care Assistance 35 Hours per Week: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Home health services.

Decision rationale: Pursuant to the Official Disability Guidelines, continue home care assistance 35 hours per week is not medically necessary. Home health services are recommended on a short-term basis following major surgical procedures or inpatient hospitalization to prevent hospitalization or to provide longer-term in-home medical care and domestic care services for those whose condition that would otherwise require inpatient care. Home health services include both medical and nonmedical services deemed to be medically necessary for patients who are confined to the home (homebound) and to require one or all of the following: skilled care by a licensed medical professional; and or personal care services for tasks and assistance with activities of daily living and that do not require skilled medical professionals such as bowel and bladder care, feeding and bathing; and or domestic care services such as shopping, cleaning and laundry. Justification for medical necessity requires documentation for home health services. Documentation includes, but is not limited to, the medical condition with objective deficits and specific activities precluded by deficits; expected kinds of services required for an estimate of duration and frequency; the level of expertise and professional qualification; etc. In this case, the injured worker's working diagnoses are post laminotomy syndrome; cervical spondylosis with multiple level nerve root stenosis; major depressive disorder; chronic pain syndrome; narcotic dependency; bilateral shoulder adhesive capsulitis; bilateral third occipital nerve headache syndrome; gait instability; and metatarsalgia. The date of injury is August 27, 1999. Request authorization is June 8, 2015. The injured worker is status post L4 - L5 instrumented AP fusion with spinal cord implantation and laminectomy. The injured worker exhibited 2 confusional states secondary to opiate use. The injured worker was certified for an inpatient stay for detoxification. The request for continued home care is premature. The injured worker needs to be discharged after the detoxification inpatient stay, reassessed and residual functional deficits, if any, need to be addressed at that time. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and a premature request for continued home care, continue home care assistance 35 hours per week is not medically necessary.

Purchase of A Wheeled Walker with Chair: 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), Knee and Leg chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg section, Walking aids.

Decision rationale: Pursuant to the Official Disability Guidelines, purchase wheeled walker with chair is not medically necessary. Almost half of patients with knee pain possess a walking aid. Disability, pain in age related impairments seem to determine the need for a walking aid. Nonuse is associated with less need, negative outcome and negative evaluation of the walking aid. Assistive devices for ambulation can reduce pain associated with osteoarthritis. In this case, the injured worker's working diagnoses are post laminotomy syndrome; cervical spondylosis with multiple level nerve root stenosis; major depressive disorder; chronic pain syndrome; narcotic dependency; bilateral shoulder adhesive capsulitis; bilateral third occipital nerve headache syndrome; gait instability; and metatarsalgia. The date of injury is August 27, 1999. Request authorization is June 8, 2015. The injured worker is status post L4 - L5 instrumented AP fusion with spinal cord implantation and laminectomy. The injured worker exhibited 2 confusional states secondary to opiate use. Objectively, the injured worker appears chronically ill. Her gait is cane assisted and stable. Presently, there is no clinical indication for a wheeled walker with a chair. The injured worker needs to be discharged from the inpatient stay and reassessed for residual functional deficits. According to the objective physical findings, the injured worker's gait is stable with an assistive device - cane. Based on the critical information in the medical record and the peer-reviewed evidence-based guidelines, purchase wheeled walker with chair is not medically necessary.

Purchase of A Shower Chair: 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), Knee and Leg chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg section, DME.

Decision rationale: Pursuant to the Official Disability Guidelines, purchase of a shower chair is not medically necessary. Durable medical equipment is recommended generally if there is a medical need and the device or system meets Medicare's definition of durable medical equipment. Most bathroom and toilet supplies do not customarily serving medical purpose and are primarily used for convenience in the home. The term DME is defined as equipment which: can withstand repeated use; is primarily and customarily served medical purpose; generally is not useful to a person in the absence of illness or injury; and is appropriate for use in the patient's home. In this case, the injured worker's working diagnoses are post laminotomy syndrome; cervical spondylosis with multiple level nerve root stenosis; major depressive disorder; chronic pain syndrome; narcotic dependency; bilateral shoulder adhesive capsulitis; bilateral third occipital nerve headache syndrome; gait instability; and metatarsalgia. The date of injury is August 27, 1999. Request authorization is June 8, 2015. The injured worker is status post L4 - L5 instrumented AP fusion with spinal cord implantation and laminectomy. The injured worker exhibited 2 confusional states secondary to opiate use. Objectively, the injured worker appears chronically ill. Her gait is cane assisted and stable. Most bathroom and toilet supplies do not customarily serving medical purpose and are primarily used for convenience in the home. Based on the clinical information medical record, peer-reviewed evidence-based guidelines and

guideline non-recommendations (indicating most bathroom and toilet supplies do not customarily serving medical purpose and are primarily used for convenience in the home) for DME, purchase of a shower chair is not medically necessary.