

Case Number:	CM15-0171542		
Date Assigned:	09/11/2015	Date of Injury:	07/28/2010
Decision Date:	10/19/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/31/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 62 year old male, who sustained an industrial injury on 7-28-10. The injured worker has complaints of low back, neck and bilateral shoulder pain. The documentation noted 7-1-15 the injured workers pain is described as dull, achy and stabbing. The injured worker has experienced headaches, paresthesia noted in the hand, numbness noted in the arm and weakness noted in the arm. The injured worker ambulates with a walker secondary to difficulty with walking from his pain. The documentation noted paralumbar spasm is 2+ tenderness to palpation on the right and atrophy is present in the quadriceps. Straight leg raise is positive at 30 degrees and range of motion of the spine is limited secondary to the pain. Lower extremity deep tendon reflexes are absent at eh knees and sensation to light touch is decreased on the right and on the left in the lateral thigh. There is right trapezius tenderness and left trapezius tenderness. electromyography/nerve conduction study of the lower extremities on 9-9-14 showed increased insertional activity in the right extensor hallucis longus, the left anterior tibial and the left extensor hallucis longus and the right anterior tibial muscles, moderately increased spontaneous activity, moderately increased polyphasic potentials, diminished recruitment and decreased interference patterns. Electromyography of the upper extremities on 8-14-12 was documented as being normal. Right knee X-ray on 6-8-15 showed total left knee arthroplasty with patellar resurfacing without any imaging evidence of hardware complications. The diagnoses have included degeneration of lumbar or lumbosacral intervertebral disc; displacement of cervical intervertebral disc without myelopathy; thoracic or lumbosacral neuritis or radiculitis, unspecified and degeneration of cervical intervertebral disc. Treatment to date has included ice; non-steroidal anti-inflammatory drugs (NSAIDs); fentanyl patch; tramadol; robaxin; neurontin; fioricet; lidoderm patch; ambien SR; lithium; seroquel; cymbalta;

baby aspirin; tylenol; miralax; prilosec; epidural injection into his neck in June 2015; psychotherapy; heat application; therapy; fusion from L3 to S1 (sacroiliac) on 2-29-10, second surgery on 9-29-11 and third surgery on 1- 12-12 and left knee surgery in which documentation noted that he woke up with a stroke right after the surgery. The original utilization review (7-30-15) non-certified the request for medical alert bracelet purchase for safety if the injured worker is alone and heavy house cleaning once a month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical alert bracelet purchase: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg chapter, under Durable medical equipment (DME) and Other Medical Treatment Guidelines MedlinePlus, a service of National Library of Medicine, www.nlm.nih.gov/medlineplus/ency/patientimages/000264.htm.

Decision rationale: The 62 year old patient complains of low back pain and neck pain radiating to bilateral shoulders along with headaches, paraesthesias in the hand, and sexual dysfunction, as per progress report dated 07/24/15. The request is for medical alert bracelet purchase. There is no RFA for this case, and the patient's date of injury is 07/28/10. Diagnoses, as per progress report dated 07/24/15, included degeneration of lumbar intervertebral disc, depression with anxiety, GERD, cervical disc displacement, cervical radiculopathy, degeneration of thoracic intervertebral disc, low back pain, lumbar disc displacement, lumbar radiculopathy, and lumbar postlaminectomy syndrome. The patient is status post right knee arthroplasty on 06/08/15, as per progress report dated 07/08/15. The patient is status post L3-S1 fusion in 2011, and status post revision surgery in 2012. Medications, as per progress report dated 07/28/15, included Fentanyl patch, Tramadol, Robaxin, Neurontin, Fioricet, Lidoderm patch, Ambien, Cymbalta, Miralax, Tylenol, Seroquel and Prilosec. The patient is temporarily totally disabled on orthopedic and psychiatric basis, as per progress report dated 07/08/15. MTUS, ACOEM and ODG guidelines do not discuss medical alert bracelets specifically. MedlinePlus, a service of National Library of Medicine, at www.nlm.nih.gov/medlineplus/ency/patientimages/000264.htm, states: People with diabetes should always wear a medical alert bracelet or necklace that emergency medical workers will be able to find. Medical identification products can help ensure proper treatment in an emergency. ODG guidelines, Knee & Leg chapter, under Durable medical equipment (DME) it states, The term DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. (CMS, 2005) DME is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below. In this case, a request for medical alert bracelet is noted in progress report dated 07/01/15. As per the report, the device is needed for safety if the patient is alone. It is not clear why the patient cannot rely on other means of communication in case of emergency. There is no indication that the patient is bedridden or the patient has not been diagnosed with Diabetes, for which such emergency alert systems are indicated. Hence, the request is not medical necessary.

Heavy house cleaning once a month: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

Decision rationale: The 62 year old patient complains of low back pain and neck pain radiating to bilateral shoulders along with headaches, paraesthesias in the hand, and sexual dysfunction, as per progress report dated 07/24/15. The request is for heavy house cleaning once a month. There is no RFA for this case, and the patient's date of injury is 07/28/10. Diagnoses, as per progress report dated 07/24/15, included degeneration of lumbar intervertebral disc, depression with anxiety, GERD, cervical disc displacement, cervical radiculopathy, degeneration of thoracic intervertebral disc, low back pain, lumbar disc displacement, lumbar radiculopathy, and lumbar postlaminectomy syndrome. The patient is status post right knee arthroplasty on 06/08/15, as per progress report dated 07/08/15. The patient is status post L3-S1 fusion in 2011, and status post revision surgery in 2012. Medications, as per progress report dated 07/28/15, included Fentanyl patch, Tramadol, Robaxin, Neurontin, Fioricet, Lidoderm patch, Ambien, Cymbalta, Miralax, Tylenol, Seroquel and Prilosec. The patient is temporarily totally disabled on orthopedic and psychiatric basis, as per progress report dated 07/08/15. MTUS Chronic Pain Medical Treatment Guidelines 2009, pg 51 for Home health services states: "Recommended only for otherwise recommended medical treatment for patients who are home bound, 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, a request for housekeeping is noted in progress report dated 07/01/15. The patient does suffer from chronic pain which has limited the patient's functionality. MTUS, however, does not consider homemaker services as medical treatments. Additionally, while the treater states that the service is needed once a month, the request does not include the duration. MTUS does not support such open-ended requests. Hence, the request is not medically necessary.