MAXIMUS Federal Services

Case Number:	CM15-0178690		
Date Assigned:	09/18/2015	Date of Injury:	10/23/2001
Decision Date:	10/23/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/10/2015

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: Washington, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 October 23, 2001. The injured worker was diagnosed as having reflex sympathetic dystrophy in the lower extremities. Treatment to date has included aqua therapy, pain medications, and topical pain medications. Comorbid conditions include morbid obesity. On August 11, 2015 the injured worker presented for evaluation with chronic neck, back and bilateral lower extremity pain. The evaluating physician noted that the injured worker discussed with another provider "the need for help at home, now that her son has graduated college and is no longer living with her." She reported that she was unable to clean, or grocery shop without significant pain. She reported that she was unable to lift or carry groceries on her own and would often be restricted to the bottom level of her home due to pain and inability to climb the stairs. She reported persistent pain which was worse with increased activity. She reported that Lyrica helped reduce her pain from an 8/10 on a 10-point scale to a 5/10. She reported feeling significant pain in the lower extremities which kept her up at night. The injured worker noted that Diclofenac cream was extremely effective in relieving her pain and noted that she is better able to tolerate activity and progress with aqua therapy with the use of Diclofenac cream. She reported that she cannot longer afford to participate in aqua therapy due to the cost of transportation and parking near the facility. On physical examination the injured worker ambulated with an antalgic gait and had tenderness to palpation over the right knee and right ankle. She had normal muscle tone without atrophy in the bilateral upper extremities and bilateral lower extremities. She had 5/5 motor strength in the bilateral upper extremities and the bilateral lower extremities. Her current medications include

Pristiq ER 50 mg, Lunesta 2 mg, Lyrica 50 mg, Diclofenac Sodium 1.5% cream, Atorvastatin 10 mg, Furosemide 20 mg, and Magnesium 750 mg. A request for authorization for transportation to and from her remaining 3 authorized sessions for aqua therapy and Home Health Aide twice weekly for 8 hours each session was received on August 24, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation to and from her remaining 3 authorized sessions of aqua therapy: Upheld

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

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 (Acute & Chronic): Transportation (to & from appointments).

Decision rationale: Providing transportation to and from medical appointments is not addressed by the MTUS other than the recommendation by the ACOEM guidelines for measures to be taken to avoid activities which will aggravate the patient's signs and symptoms. The Official Disability Guidelines supports use to transportation to and from medical appointments but only when the patient has a diagnosed disability that prevents self-transport. It also notes that there is limited scientific evidence to support this practice. The provider who requested transportation made the request because the patient can't afford transportation (parking and driving to and from her aqua therapy appointments). This patient does not meet the requirements stated in the guidelines. Medical necessity has not been established.

Home health aide twice weekly for 8 hours each: 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: Home health care is a wide range of supportive health care services given in the patient's home for an illness or injury, frequently given to patients recovering from recent surgery or hospitalization. This service means medical professionals providing short-term nursing, rehabilitative, therapeutic, and assistive health care. Examples of skilled home health services include: wound care for pressure sores or a surgical wound, monitoring serious illness and unstable health status, or helping patient regain independence and become as self-sufficient as possible. The MTUS does recommend its use for homebound individuals and also not for routine personal care activities such as bathing, dressing or using the bathroom or for homemaker activities such as shopping, cleaning or laundry. This patient's needs does not meet the definition in the MTUS and, therefore, is not recommended. Medical necessity for this service has not been established.