

Case Number:	CM15-0025561		
Date Assigned:	02/18/2015	Date of Injury:	11/06/2011
Decision Date:	04/02/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/10/2015

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: 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:

This 58-year-old female sustained an industrial injury on 11/6/11. She subsequently reports chronic right shoulder, elbow, wrist pain, left wrist pain as well as anxiety and depression. Treatments to date have included psychiatric counseling, physical therapy, injections and prescription pain medications. On 1/30/15, Utilization Review non-certified a request for RN evaluation of patients need for home assistance QTY: 1.00 and Acupuncture treatment QTY: 5.00. The RN evaluation of patients need for home assistance was denied based on MTUS Chronic Pain guidelines, the Acupuncture treatment was denied based on MTUS Acupuncture Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

RN evaluation of patients need for home assistance QTY: 1.00: Upheld

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

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

Decision rationale: This patient presents with chronic right shoulder and right wrist pain. The patient also suffers from major depression and anxiety disorder. The current request is for RN EVALUATION OF PATIENTS NEED FOR HOME ASSISTANCE QTY: 1.00. The

Utilization review denied the request stating that "there is no description of proposed in-home medical services required by the patient." MTUS Guidelines, page 51, has the following regarding home service, "Recommended only for otherwise recommended medical treatments 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, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." The treating physician has not provided a rationale for the request. There is no documentation as to why the patient is unable to perform self-care and there is no indication that the patient is home bound. Without adequate diagnostic support for the needed self-care such as loss of function of a limb or mobility, the requested evaluation for home assistance would not be indicated. Per physical exam on 1/29/15, the patient had mild edema and decrease in cervical rotation. The patient was diagnosed with chronic impingement shoulder, PTSD, major depression, anxiety, hypothyroid and carpal tunnel syndrome. The MTUS guidelines are clear that home care assistance is for medical treatment only. There is no documentation found in the reports provided that the patient requires medical treatment at home. Therefore, the request IS NOT medically necessary.

Acupuncture treatment QTY: 5.00: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

Decision rationale: This patient presents with chronic right shoulder and right wrist pain. The patient also suffers from major depression and anxiety disorder. The current request is for ACUPUNCTURE TREATMENT QTY: 5.00. For acupuncture, the MTUS Guidelines page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial, and with functional improvement, 1 to 2 per month. For additional treatment, the MTUS Guidelines requires functional improvement as defined by Labor Code 9792.20e a significant improvement in ADLs, or change in work status and reduced dependence on medical treatments. The Utilization review denied the request stating there was no documentation of improvement or decrease in medications from prior treatment. The number of completed acupuncture visits to date and the objective response to these visits were not documented in the medical reports. Progress report dated 11/10/14 states under treatment plan, "acupuncture for R UE as authorized." Progress report dated 1/22/14 states "did not yet get acupuncture." The treating physician requests to "extend authorization timeline." There is no further discussion regarding acupuncture. It is unclear if this is an initial request or request for additional visits. In this case, given the patient complaints of increase in pain and lack of any documentation of any recent acupuncture treatments, the requested 5 visits ARE medically necessary.