

Case Number:	CM15-0062953		
Date Assigned:	04/08/2015	Date of Injury:	10/01/1990
Decision Date:	06/01/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/02/2015

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, Arizona

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 59 year old male, who sustained an industrial injury on 10/1/90. The mechanism of injury was heavy lifting. He reported pain in the neck, lower back and upper extremities. The injured worker was diagnosed as having cervical radiculitis, lumbar post laminectomy syndrome, lumbar radiculopathy and chronic pain. Treatment to date has included acupuncture, lumbar epidural injection, cervical spine surgery, left shoulder surgery and pain medications. As of the PR2 dated 3/17/15, the injured worker reports his pain is 10/10 with and without medications in his neck and left shoulder. He is having bowel dysfunction and urinary incontinence. The treating physician noted left shoulder tenderness and markedly decreased range of motion. The documentation of 03/17/2015 further indicated the injured worker had GERD and associated symptoms, as well as nausea. Pain was noted to have worsened recently. The injured worker was noted to have limited ambulatory ability and used a wheelchair. The injured worker had signs of early skin breakdown and excoriation in the peroneal region. The inspection of the left extremity revealed a sling present. There was tenderness to palpation at the left shoulder. The range of motion of the left shoulder was markedly decreased to 10 degrees. The grip strength was not possible on the left. The treating physician requested an orthopedic surgeon evaluation for the left shoulder, continued home health care to assist with activities of daily living, a registered nurse evaluation to assess home management of urinary incontinence and Clotrimazole-betamethasone cream 1/.05%, #2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic surgeon evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211.

Decision rationale: The ACOEM guidelines indicate a surgical consultation may be appropriate for injured workers who have a failure to increase range of motion and strength of musculature in the shoulder after exercise programs and who have clear clinical and imaging evidence of a lesion that has been shown to benefit from surgical repair. The clinical documentation submitted for review indicated the injured worker had undergone surgical repair. There was a lack of documentation of recent conservative care. There was no MRI submitted for review to indicate imaging evidence of a lesion that has been shown to benefit from surgical repair. Additionally, the request as submitted failed to indicate the specific consultation being requested. Given the above, the request for orthopedic surgeon evaluation is not medically necessary.

Continuation of home health care assistance: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule recommends home health services for injured workers who are homebound and who are in need of part time or “intermittent” medical treatment of up to 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. The clinical documentation submitted for review failed to provide documentation that the injured worker was in need of medical treatment. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations as home healthcare assistance is not medically necessary with the exception of medical treatment. The documentation indicated the request was due to the injured worker having functional limitations to perform activities of daily living. The request as submitted failed to indicate the duration and frequency for the request. The specific home healthcare being requested was not provided. Given the above, the request for continuation of home healthcare assistance is not medically necessary.

Registered Nurse Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Assessment and Diagnosis-European Association of Urology p 11-27.

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

Decision rationale: The California Medical Treatment Utilization Schedule recommends home health services for injured workers who are homebound and who are in need of part time or intermittent medical treatment of up to 35 hours per week. The clinical documentation submitted for review failed to provide documentation that the injured worker was in need of medical treatment. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations as home healthcare assistance is not medically necessary with the exception of medical treatment. The request as submitted failed to indicate the duration and frequency for the request. Given the above, the request for continuation of registered nurse evaluation is not medically necessary.

Clotrimazole-betamethasone cream 1-.05%, quantity 2: 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 website: <http://www.drugs.com/lotrisone.html>.

Decision rationale: Per Drugs.com Lotrisone cream contains a combination of betamethasone and clotrimazol. Betamethasone is steroid that reduces itching, swelling, and redness of the skin. Clotrimazole is an antifungal medication that fights infections caused by fungus. The clinical documentation submitted for review failed to provide a documented rationale for the use of the medication. The documentation indicated the injured worker had signs of early skin breakdown and excoriation in the peroneal region. However, there was a lack of documentation indicating this supported the necessity for the medication. There was a lack of documentation indicating a necessity for 2 tubes of medication. The request as submitted failed to indicate the frequency and body part to be treated. Given the above, the request for clotrimazole-betamethasone cream 1-.05%, quantity 2 is not medically necessary.