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| Case Number: | CM15-0066995 | | |
| Date Assigned: | 04/15/2015 | Date of Injury: | 08/01/1997 |
| Decision Date: | 05/29/2015 | UR Denial Date: | 03/18/2015 |
| Priority: | Standard | Application Received: | 04/08/2015 |

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 65 year old female, who sustained an industrial injury on 8/1/97. She reported pain in her neck, upper extremities, lower back and lower extremities. The injured worker was diagnosed as having pain in joint shoulder, cervical degenerative disc disease and pain in joint lower leg. Treatment to date has included physical therapy, aqua therapy, left knee MRI, a walker and pain medications. As of the PR2 dated 3/5/15, the injured worker reports left knee pain that is worse with ambulation and prolonged activity. She recently had a partial left knee replacement on 2/13/15. The treating physician requested home health care (12 hours/day for 2 weeks for post-operative care, s/p left knee surgery) and to continue Melatonin 3mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Care (12 hours per day for 2 weeks for post-operative care, s/p left knee surgery): Upheld

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

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

Decision rationale: This patient is status post partial left knee replacement on 02/13/15. The Request for Authorization is dated 03/26/15. The current request is for HOME HEALTH CARE (12 HOURS PER DAY FOR 2 WEEKS FOR POST-OPERATIVE CARE, S/P LEFT KNEE SURGERY). The MTUS Guidelines page 51 has the following regarding home service, recommended only for otherwise recommended medical treatment for patients who are homebound 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. According to progress report 02/26/15, the patient is having difficulties with balance and ambulation and a request for a Health aide was made to assist patient with ambulation and daily living activities due to severe limitation in her ability to safely move around her house along. Examination noted that the patient is ambulating with the assistance of a walker. The MTUS guidelines are clear that Home Care is for medical treatment only and for no more than 35 hours per week. The current request exceeds the allowable hours set forth by MTUS guidelines. Furthermore, this patient is status post knee surgery but the treating physician does not specify any medical care that the patient would require at home and there is no indication that the patient is homebound. This request IS NOT medically necessary.

Melatonin 3mg, one 30 minutes before bed, #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 9th Edition (web), 2011, Chronic Pain-Medical Food.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines mental illness and stress chapter, melatonin (see head chapter).

Decision rationale: This patient is status post partial left knee replacement on 02/13/15. The Request for Authorization is dated 03/26/15. The current request is for MELATONIN 3MG ONE 30 MINUTES BEFORE BED, #30. The ACOEM and MTUS Guidelines are silent on melatonin. ODG Guidelines under its mental illness and stress chapter has the following regarding melatonin, "Recommended as an option. See the Head Chapter, where melatonin is recommended in treating sleep disorder post-TBI." ODG guidelines states that Melatonin is more effective than placebo for migraine prevention and is it also supported for the use of sleep issues. Melatonin was first mentioned in progress report 11/24/14. According to the treating physician, the patient has sleep disturbances that has been well managed with Melatonin. The patient was previously taking Ambien but it was discontinued as melatonin was sufficient. ODG supports the use of Melatonin as an option for sleep issues and the medical reports document that Melatonin has been effective. This request IS medically necessary.

