

Case Number:	CM15-0076193		
Date Assigned:	04/27/2015	Date of Injury:	06/14/2000
Decision Date:	06/01/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/21/2015

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: Pennsylvania, Ohio, 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 57-year-old male, who sustained an industrial injury on 6/14/2000. Diagnoses include status post discectomy and fusion at C4-5 (1/2014), prior surgery with fusion from C5-7 (10/21/2011), bilateral shoulder pain and status post bilateral carpal tunnel release (2003). Treatment to date has included medications, diagnostics including magnetic resonance imaging (MRI) and electrodiagnostic testing and multiple surgical interventions. Per the Primary Treating Physician's Progress Report dated 3/27/2015, the injured worker reported neck and bilateral upper extremity pain. Neck pain is rated as 5/10 and upper extremity pain as 7/10. Physical examination revealed tenderness of the cervical spine. He ambulates slowly with a walker. The plan of care included medications and assistance with household duties and authorization was requested for 12 home health care visits, Percocet, Norco, Neurontin and Valium.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Home Health Care, 12 visits, not to exceed 3 visits per week with no expiration date, for assistance with Household Chores due to Cervical Spine and Shoulder injuries, as an outpatient: 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: MTUS recommends home health services for patients who are homebound and require assistance with medical treatment. The request at this time is for home health care visits to assist with household chores; this specifically is not included in the definition of home health services per MTUS. Thus, the request is not medically necessary.

Norco 10/325mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

Decision rationale: MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4A's of opioid management and do not provide a rationale or diagnosis overall, for which ongoing opioid use is supported. Therefore, this request is not medically necessary.