

Case Number:	CM13-0009275		
Date Assigned:	09/12/2013	Date of Injury:	05/15/2008
Decision Date:	01/30/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Cardiology, has a subspecialty in Cardiovascular Disease, and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 57-year-old female who reported an injury on 05/15/2008. The mechanism of injury was stated to be the patient caught her foot on the desk or a table leg and fell forward. The patient was noted to have a successful trial for a spinal cord stimulator. The patient subsequently was noted to have a spinal cord stimulator implant on 07/23/2013. The patient's diagnosis was noted to be Complex regional pain syndrome (CRPS) type I and the request was made for home healthcare post stimulator implantation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care post stimulator implantation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter, and <http://www.medicare.gov/Publications/Pubs/pdf/10969.pdf>

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

Decision rationale: The CA MTUS indicate that home health services are recommended only for patients 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 the patient would be home bound and would be in need of the care. There was a lack of documentation indicating the type of care that would be needed. Additionally, there was a lack of duration of care that was noted per the request. Given the above, the request for home healthcare post stimulator implantation is not medically necessary