

Case Number:	CM13-0011722		
Date Assigned:	03/10/2014	Date of Injury:	08/02/2001
Decision Date:	09/16/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/15/2013

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. The expert reviewer is Board Certified in Emergency Medicine, and is licensed to practice in California. 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/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:

Patient with reported date of injury on 8/2/2001. Mechanism of injury is claimed as a fall at work. Patient has a history of lumbar spinal stenosis, degenerative joint disease of the knees and shoulders. Post bilateral knee replacements and lumbar decompressive surgery. No dates or details of the surgeries were provided for review. Medical records reviewed. Last report reviewed until 7/17/13. Patient has various back and gastrointestinal complaints. Back pain radiates to L lower extremity. Pt notes bilateral knee pain with right more than left side which is constant. Note mentions that patient is not able to perform Activity of Daily Living (ADL)s with difficulty due to abdominal pains. Patient reportedly not able to shower or clean herself or perform laundry. Pt claims to have a hard time getting out her house but prior report states that patient has a scooter than she uses to get around without problems. Objective exam reveals normal strength and intact sensation bilateral lower extremities. No imaging or electrodiagnostic reports were provided for review. Report from requesting provider dated 7/9/13 is for House/Home care 3times a week. Medication list include Neurontin, Topamax, Lidoderm, Clearex, Oxycontin and Oxycodone. Patient reportedly getting pool therapy but claims to not be able to do so due a complaint of a rash. Independent Medical Review is for "Home Care Evaluation and Assessment." Prior UR on 7/18/13 recommended non- certification. Request date was 7/17/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME CARE EVALUATION AND ASSESSMENT 7/9/2013: 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 <Home Health Services Page(s): 51.

Decision rationale: Report from requesting provider dated 7/9/13 is for House/Home care 3times a week. There is no specific home therapy requested or statement except that patient is not able to perform her ADLs. As per MTUS chronic pain guidelines, home health aide may be recommended for medical treatment in patients who are bed or home bound. However, the requesting physician has failed to provide documentation to support being home bound and in need for a home health aide. Note mentioning that the need for home health care is to perform ADLs which are "homemaker service" which is expressly not the services that home health services is for. Pt is reportedly undergoing pool therapy and was able to make a trip to [REDACTED] and is therefore not homebound. Home Health Service is not medically necessary.