MAXIMUS Federal Services

Case Number:	CM13-0017591		
Date Assigned:	10/11/2013	Date of Injury:	08/25/1977
Decision Date:	01/28/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	08/28/2013

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 Physical Medicine and Rehabilitation, 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 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is an 84-year-old male who sustained an injury to his left lower extremity on 8/25/1977 while employed by [redacted]. Per report of 7/31/13 from [redacted], the patient is s/p L3-5 and C3-T1 spinal fusion, utilizing a power wheelchair and ramp at his residence. He has a very supportive wife who assists with the claimant's activities of daily living. His mobility is limited by pain. The patient complains of ongoing headaches affecting his ADLs (activities of daily living) and sleep. Medications list Clonazepam, Depakote, Tylenol 1000 mg, Protonix, Diphenhydramine, Sennoside-Docusate Sodium, and Haldol. Past medical history includes COPD (chronic obstructive pulmonary disease), Cardiac disorder s/p CABG (coronary artery bypass graft) 1983, Depression, and DVT (deep vein thrombosis) s/p ICV filter. The Psych consultation and follow-up visit with [redacted] were certified on 8/21/13; however, the request for home care assessment was non-certified by [redacted] on 8/21/13, citing lack of medical indication or necessity. There is an inpatient geropsych admission dated 12/24/12 for acute geriatric psychotic state and discharge a week later.

IMR ISSUES, DECISIONS AND RATIONALES

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

in-home care assessment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 52.

Decision rationale: This is an 84 year-old male who sustained an injury to his left lower extremity on 8/25/1977 while employed by [redacted]. Per report of 7/31/13 from [redacted], the patient is s/p L3-5 and C3-T1 spinal fusion, utilizing a power wheelchair and ramp at his residence. From submitted reports, there is no documentation regarding mechanism of injury or year(s) of spine surgeries for this now 36 year-old injury. He has a very supportive wife who assists with the claimant's activities of daily living. His mobility is limited by pain. The Chronic Pain Medical Treatment Guidelines and Medicare guidelines support home health for patients who are homebound requiring intermittent skilled nursing care or home therapy and do not include homemaker services such as cleaning, laundry, and personal care. The patient does not meet any of the criteria to support this treatment request and medical necessity has not been established. The patient is utilizing a powered wheelchair without documented limitations as he still follow-up with multiple care providers and has a supportive spouse to assist in his ADLs (activities of daily living). Submitted reports have not adequately addressed the indication or demonstrated the necessity for home health. The In-Home care assessment is not medically necessary and appropriate. The request for in-home care assessment is not medically necessary or appropriate.