

Case Number:	CM13-0023221		
Date Assigned:	11/15/2013	Date of Injury:	06/28/2007
Decision Date:	02/04/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/11/2013

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 Occupational Medicine and is licensed to practice in California, Ohio, 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 applicant is a represented [REDACTED] employee, who has filed a claim for chronic left knee pain, low back pain, right knee pain, chondromalacia patella, anxiety, depression, and insomnia reportedly associated with an industrial injury of June 28, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; left knee arthroscopy on February 23, 2010, lumbar fusion surgery on February 20, 2010; home health care; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of August 23, 2013, the claims administrator denied a request for home health services, citing the 2009 MTUS Chronic Pain Medical Treatment Guidelines. In a questionnaire dated December 4, 2012, the applicant states that she is off of work and is receiving Social Security Disability Insurance (SSDI). On April 5, 2013 the attending provider requests home health services at a rate of three days a week, two hours a day, and asked that the applicant use Norco, tramadol and Naprosyn for pain relief. Permanent work restrictions are renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Care 3x week, 12 hours per day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51 of 127.

Decision rationale: While the attending provider has sought these services, he does not precisely state what he intends the claimant to receive via these services. As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, homemaker services such as shopping, cleaning, laundry and personal care are not covered when this is the only care needed. Given the chronicity of the applicant's injury, it appears that this request does represent a request for provision of nonmedical services such as assistance with activities of daily living. This is not a covered service, per page 51 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request remains noncertified, on Independent Medical Review.