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| Case Number: | CM13-0025967 | | |
| Date Assigned: | 11/22/2013 | Date of Injury: | 08/06/2007 |
| Decision Date: | 02/13/2014 | UR Denial Date: | 08/23/2013 |
| Priority: | Standard | Application Received: | 09/18/2013 |

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. 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:

The patient is a 61 year-old male with a work-related injury where on 08/06/2007. Patient has a history of chronic neck pain, complex regional pain syndrome Type 1 Right arm; Chronic right shoulder pain; Diabetes; Chronic obstructive pulmonary disease; Hypertension; Sleep apnea. The patient was treated with conservative care he was referred to a dietician to assist with diet regarding diabetes. Patient medication consist of Nexium 20mg; Prozac 40mg; Advair 500Mg/50Mg, Combivent inhaler; Zestril 20Mg;Spiriva Handhaler 18Microgram; Hydrocodone 7.5/325Mg; Aspirin 81Mg; Zocor 10Mg; Neurontin 300Mg; Glucophage 500Mg. Patient has been hospitalized for chest pain. 03/21/2013 Echocardiogram summary Normal left ventricular size and function with a left ventricular ejection fraction of 60%; Moderate right ventricular dilation with preserved systolic function; Aortic sclerosis; Mild pulmonary hypertension with increased right atrial pressure; No pericardial effusion. 08/07/2013 PTP saw patient regarding diabetes type 2 patient lost 30 lbs but gained back 10 -15 lbs. Was supposed to see a specialist is diabetes but unable to do because of financial difficulties. Assessment is as follows: Chronic back pain; Complex regional pain syndrome, right arm; Chronic right shoulder pain; Diabetes Type2; Chronic obstructive pulmonary disease; Hypertension; Sleep apena. RFA for in home care 2/week x 4 weeks. The patient is unable to perform housework due to his medical problems.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care 3 times 4: 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.

Decision rationale: Recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 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. (CMS, 2004) This patient has difficulty with mobility and is predominantly homebound. The request for home health services were predominantly homemaker services such as cleaning, laundry and shopping. According to guides, this is not a medical service. There is no indication in the records of patient needs other home health services such as nursing or other medical therapy. Therefore guide specifically states that homemaker services are not included in medical treatment when they are the only care that is being addressed. Therefore this treatment is not appropriate.