MAXIMUS Federal Services

Case Number:	CM13-0035473		
Date Assigned:	12/13/2013	Date of Injury:	11/12/2008
Decision Date:	02/05/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/17/2013

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. 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 knee, shoulder, elbow, low back pain, and wrist pain reportedly associated with cumulative trauma at work. The applicant has also alleged derivative anxiety, depression, gastritis, insomnia, diabetes, and hypertension. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; a total knee arthroplasty; and extensive periods of time off of work, on total temporary disability. In a utilization review report of October 2, 2013, the claims administrator denied request for home health services, denied request for home physical therapy, and denied a shower chair. The applicant's attorney subsequently appealed. An earlier note of September 5, 2013 is notable for comments that the applicant is being seen for heightened knee pain. The applicant is worried she might have an infection. The wound looks clean and healing. The applicant's temperature was not taken. Sutures were removed. The applicant is asked to obtain home health care, continue with passive motion machine, a commode, home physical therapy, a walker, and a shower chair. The home health services that are being sought here include assistance with dressing changes, bathroom usage, preparing meals, showering, bathing, cleaning the house, grocery shopping, getting dressed, and travelling. The applicant is asked to remain off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home help care 4-6 hours a day 7 days a week for 1 month: 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: As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, home health services are recommended only to deliver otherwise recommended medical treatment in those applicants who are homebound and otherwise unable to attend outpatient office visits. In this case, with the exception of the wound care, all the services being sought by the attending provider, including cooking, cleaning, transportation, assistance with activities of daily living, bathing, etc. all represent provision of non-medical activities of daily living. The services are not covered, per page 51 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not certified. While the wound care portion of the request could have been certified, the non-medical services being sought here cannot. Since partial certifications are not possible through the IMR process, the request is not certified. While this is a postsurgical care as opposed to a chronic pain case, MTUS 9792.23.d.2 does state that the postsurgical treatment guidelines in section 9792.24.3 shall apply together with any other applicable treatment guidelines in the MTUS during the postsurgical treatment period. Therefore, page 51 of the MTUS Chronic Pain Medical Treatment Guidelines was selected, as it directly addresses the topic at hand.

Home physiotherapy: 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: Page 51 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of home health services such as physical therapy for those individuals who are homebound or otherwise unable to attend outpatient office visits of their own accord. In this case, it was not clearly stated why the applicant could not attend outpatient physical therapy office visits of her own accord. It was not clearly stated why she could not use public transportation or private conveyance to convey herself to and from outpatient physical therapy office visits. It is further noted the attending provider did not furnish any clear directives on how much physical therapy or the specific frequency which was being proposed here. For all of these reasons, the request is not certified.

Shower chair: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Durable medical equipment (DME).

Decision rationale: The MTUS does not address the topic. As noted in the ODG Knee Chapter Durable Medical Equipment (DME) topic, DME is defined as that which could stand repetitive use, can be rented, used by successive patients, used to serve a medical purpose, and is appropriate for usage in an applicant's home. Certain DME toilet items such as commodes, bed pans, or by implication, shower chairs, can be employed if an applicant is bedbound or room confined. In this case, by implication, the applicant is having difficulty ambulating and transferring. She is status post a total knee arthroplasty. Provision of a shower chair can help her bathe at least during the immediate postoperative window. The shower chair does seemingly constitute DME as defined by ODG, furthermore. Therefore, the original utilization review decision is overturned. The request is certified.