

Case Number:	CM13-0040349		
Date Assigned:	12/20/2013	Date of Injury:	01/04/2010
Decision Date:	10/23/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/29/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

The injured worker is a 57 year-old male with a date of injury of 1/2/2010. The patient's industrially related diagnoses include status post left shoulder arthroscopy on 2/27/2013. The disputed issues are 6 weeks of home care at 4 hours per day, 3 days per week and transportation to all medical appointments. Although the patient has ongoing left shoulder pain, there is no substantial evidence that the patient is confined to the home due to his injury. Review of records indicates that the prior requests for this service were recommended non-certified based on the same rationale with the most recent non-certification being in review #383189 on 7/31/2013." The stated rationale for the denial of transportation to all medical appointments was "this is not a medical service for the cure or relief of an industrial injury, and is therefore not within the scope of utilization review as described within LC4610 and 8CCR9792 et seq."

IMR ISSUES, DECISIONS AND RATIONALES

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

6 WEEKS OF HOME CARE AT 4 HOURS A DAY, 3 DAYS A WEEK BETWEEN 10/1/13 AND 11/30/13: 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: Regarding home care, the Chronic Pain Medical Treatment Guidelines state that home health services are indicated only for otherwise recommended medical treatment for patients who are homebound, and medical treatment does not include homemaker services like shopping, cleaning, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. In the progress report dated 9/24/2013, there is no documentation that the patient is homebound and in need of specialized home care, such as home physical therapy or occupational therapy, in addition to home health care. The treating physician documents that the injured worker still has 6 post-op therapy sessions to complete but has difficulty attending the therapy due to lack of transportation. However, there is no further documented evidence that the injured worker is homebound. Therefore, due to lack of documentation, the request for home care 4 hours per day, 3 days per week for 6 weeks is not medically necessary.

TRANSPORTATION TO ALL MEDICAL APPOINTMENTS BETWEEN 10/1/13 AND 11/30/13: Upheld

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 Other Medical Treatment Guideline or Medical Evidence: Medicare Coverage of Ambulance, page 6
Services <https://www.medicare.gov/Pubs/pdf/11021.pdf>

Decision rationale: The California MTUS and Official Disability Guidelines are silent regarding the request for transportation to and from medical appointments and therapy. The Medicare Coverage of Ambulance notes that in some cases, non-emergency ambulance transportation may be provided when the need for transportation is to diagnose or treat health conditions and use of any other transportation method could endanger the health of the patient. In the progress report dated 9/24/2013, the treating physician documented that the injured worker had difficulty attending post-op physical therapy due to lack of transportation. However, there was no evidence supporting the necessity for medical (ambulance) transportation, and no documentation stating why other forms of private and/or public transportation were contraindicated or dangerous to the injured worker's health. However, the request was not for ambulance transportation. Consistent with the Utilization review response, transportation is not a medical service for the treatment or relief of an industrial injury and medical necessity cannot be established for transportation to and from medical appointments and therapy.