

Case Number:	CM13-0043344		
Date Assigned:	12/27/2013	Date of Injury:	07/22/1993
Decision Date:	02/24/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/23/2013

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 low back pain, carpal tunnel syndrome, shoulder pain, pelvic pain, hip pain, and knee pain reportedly associated with an industrial injury of July 22, 1993. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; multiple hip replacements with subsequent revisions of the same; various courses of antibiotics for various infections; and extensive periods of time off of work. In a Utilization Review Report of October 10, 2013, the claims administrator denied a request for home health services. The applicant's attorney later appealed, on October 11, 2013. In a November 8, 2013 appeal letter, the claims administrator states that the applicant truly needs 24 hours, 7 days a week homecare assistance owing to issues related to loss of upper extremity usage with end-state rotator cuff arthropathy. The applicant is having difficulty ambulating. The applicant is morbidly obese and also has chronic low back pain. Several records are enclosed to support the request. It is stated that the applicant needs these home health services to facilitate performance of "basic activities of daily living."

IMR ISSUES, DECISIONS AND RATIONALES

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

Non-Skilled Assistance eight (8) hours per day seven (7) days a week: 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 Page(s): 51.

Decision rationale: As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, home health services such as assistance with activities of daily living is not covered when this is the only service being requested. In this case, assistance with activities of daily living is seemingly the only service being requested here. The attending provider stated that the applicant needs assistance to perform basic activities of daily living owing to a multiplicity of orthopedic conditions pertaining to the knees, hips, shoulders, low back, etc. Provision of home health services is specifically not covered in this context, per page 51 of the MTUS Chronic Pain Medical Treatment Guidelines as these home health services are being sought by themselves without any attached medical services being concurrently requested. Therefore, the request remains non-certified, on Independent Medical Review.