

Case Number:	CM13-0046886		
Date Assigned:	12/27/2013	Date of Injury:	02/22/2012
Decision Date:	03/11/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	11/12/2013

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, left hip, and left knee pain associated with an industrial injury sustained on February 22, 2012. Thus far, the applicant has been treated with analgesic medications, transfer of care to and from various providers in various specialties, hip surgery, and extensive periods of time off of work. In a September 26, 2013 progress note, the applicant is given a diagnosis of chronic left hip, low back and left knee pain. Home healthcare and home health services are sought to assist the applicant in activities of daily living, including cooking, cleaning, showering, bathing, grocery shopping, and traveling. The applicant is given Norco for pain relief and asked to remain off of work, on total temporary disability. The applicant's case and care has seemingly complicated by comorbid mental health issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

home health 12 hours a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: As noted in the MTUS Chronic Pain Medical Treatment Guidelines, the home health services being sought by the attending provider, specifically assistance with activities of daily living such as showering, cooking, cleaning, bathing, grocery shopping, etc are specifically not covered when this is the only care needed. In this case, the attending provider has not sought any other concurrent medical services. Home health services are not covered in this context. Therefore, the request is noncertified.

request for home health care 4-5 hours per day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: As noted in the MTUS Chronic Pain Medical Treatment Guidelines, the home health services being sought by the attending provider, specifically assistance with activities of daily living such as showering, cooking, cleaning, bathing, grocery shopping, etc are specifically not covered when this is the only care needed. In this case, the attending provider has not sought any other concurrent medical services. Home health services are not covered in this context. Therefore, the request is noncertified.