

Case Number:	CM13-0049378		
Date Assigned:	12/27/2013	Date of Injury:	04/26/2013
Decision Date:	05/08/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/07/2013

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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic mid back pain, chest wall pain, elbow pain, and knee pain reportedly associated with an industrial injury of April 26, 2013. The applicant has also alleged derivative issues, including sleep apnea, sleep disturbances, anxiety, and depression, which have been administratively denied by the claims administrator. Thus far, the applicant has been treated with the following: Analgesic medications; earlier thoracic kyphoplasty procedure to ameliorate a thoracic compression fracture; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a utilization review report of October 18, 2013, the claims administrator denied a home health aide, approved a pain management followup visit, approved an orthopedic surgery followup visit, and approved a general surgery followup visit. The applicant's attorney subsequently appealed. In May 31, 2013 progress note, the applicant was placed off of work, asked to employ black brace, and employ Percocet for pain relief. The applicant was asked to consult orthopedics for thoracic vertebral compression fracture. In a handwritten note of November 5, 2013, which was sparse, difficult to follow, and employed preprinted checkboxes, the attending provider suggested that the applicant follow up or consult neurology, ENT, psychiatry, a chronic pain physician and a general surgeon while pursuing 12 sessions of physical therapy. Home Health Services were sought to facilitate applicant's "getting out of bed, cleaning, house, cooking, dressing, and grocery shopping."

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH AIDE 4HRS/DAY 7 DAYS A WEEK FOR 7 WEEKS: Upheld

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

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

Decision rationale: As noted on page 51 of the MTUS Chronic Pain Guidelines, home health services to facilitate activities of daily living such housekeeping, grocery shopping, cooking, dressing, and other services being sought here are specifically not covered as standalone services. In this case, there is no evidence that the applicant is receiving any other home-based medical services such as home physical therapy, home occupational therapy, wound care, etc. Accordingly, the request is not medically necessary and appropriate, as page 51 of the MTUS Chronic Pain Medical Treatment Guidelines do not support provision of assistance with activities of daily living as a standalone Home Health Service.