

Case Number:	CM13-0052748		
Date Assigned:	12/30/2013	Date of Injury:	03/06/2004
Decision Date:	04/29/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/15/2013

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 Orthopaedic surgery 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:

This 50-year-old female sustained an industrial injury on 3/6/04 lifting a large case of drinks with onset of low back pain. The patient has reported pain in multiple body parts including the neck, low back, shoulders, arms, hips, and knees. The patient experienced increasing depression relative to the pain, including significant suicidal ideations, vegetative signs and symptoms of depression, and auditory hallucinations. Records indicate that the patient has had multiple psychiatric hospitalizations for suicidal risk/attempts. Skin lesions were noted in 2009 with diffuse urticarial skin disease documented in 2012, and a current diagnosis of prurigo nodularis and ichen simplex chronicus and bullous pemphigoid. Skin lesions were thought to be connected with multiple (40+) medications and/or anxiety/stress. Orthopedic issues include multilevel cervical annular tears, mild L5/S1 diffuse spurring and disc bulging, diffuse bilateral chondromalacia patella, and bilateral hip degenerative changes and possible impingement syndrome. The 8/15/13 treating physician report indicates that the patient is profoundly depressed with severe anxiety attacks and multiple medical problems that all impair her ability to perform activities of daily living. They include, but are not limited to, bathing, eating, taking medications at the right time, taking care of her severe skin condition covering much of her body, inability to sleep, persistent psychiatric symptoms which include depression and suicidality, and mobility difficulties due to her knee problems. He recommended home health care four hours per day. The 10/17/13 treating physician again requested 4 hours per day of home health care as the patient was significantly disabled due to severe degenerative disc disease in both her cervical and lumbar spine. He indicated that he was unable to change antidepressants due to the severe dermatological medication reactions. Current medications included Remeron, Vicodin, Ativan, and Restoril. Records indicate that the patient has incontinence and bowel issues and requires assistance in toileting and bathing. Home health care medical necessity has

been documented in multiple records since 2009 based on the need for adequate hygiene to address the skin lesions, frequent dressing changes over multiple regions of her body, soaking lesions on a twice daily basis, taking medications on time, and getting in and out of bed. Psychological assistance has also been opined as a home care need to assist with activities of daily living. The 10/17/13 utilization review decision recommended partial certification of home health care 4 hours per day for 5 days a week to a total of 4 weeks, noting that there was a prior certification for one week. Re-evaluation was recommended at the end of 4 weeks to establish additional medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH CARE 4-HOURS/DAY FOR 5-DAYS/WEEK X 8 WEEKS AND ONGOING: Upheld

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

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

Decision rationale: Under consideration is a request for home health care 4 hours per day, 5 days a week and on-going. The California MTUS guidelines stated that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Guideline criteria were met for some of the home health services requested including medication management, psychological assessment, and skin care. An open ended request for on-going home health services is not reasonable at this time. Home health care was partially certified 4 hours per day, 5 days per week, for a period of 4 weeks. Evaluation of the continued medical necessity of the requested services on a monthly basis is reasonable. Therefore, this request for home health care 4 hours per day for 5 days a week x 8 weeks and on-going is not medically necessary.