

Case Number:	CM13-0055194		
Date Assigned:	12/30/2013	Date of Injury:	07/23/2013
Decision Date:	03/24/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/20/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 patient is a 36-year-old injured worker who reported an injury on 07/23/2013. The mechanism of injury was not specifically stated. The patient is currently diagnosed with a tibial plateau fracture. A request for authorization for home health assistance 4 hours per day, 5 days per week for a 2 month period was submitted by [REDACTED] on 10/31/2013. However, there is no physician progress report submitted by [REDACTED] for the requesting date. The patient was seen by [REDACTED] on 11/04/2013. The patient reported improvement following physical therapy. The patient was status post ORIF on 07/24/2013. It was noted that the patient required assistance with bathing, cooking, cleaning, and laundry. Physical examination revealed tenderness of the right peripatellar, medial joint line, limited range of motion, 5/5 motor strength, and decreased stance phase on the right. Treatment recommendations included continuation of current physical therapy treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health assistance for 4 hours per day, 5 days per week for two a month period:

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: The California MTUS Chronic Pain Medical Treatment Guidelines state home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or intermittent basis. As per the documentation submitted, there is no indication that this patient is homebound. There is also no indication that this patient does not maintain assistance from outside resources such as a spouse. Furthermore, California MTUS Guidelines state 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. The request for home health assistance for four hours per day, five days per week for two months is not medically necessary and appropriate.