MAXIMUS Federal Services

Case Number:	CM13-0058210		
Date Assigned:	12/30/2013	Date of Injury:	01/19/2001
Decision Date:	06/05/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/26/2013

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 Preventive Medicine, has a subspecialty in Occupational and Environmental 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:

Patient is a 64-year-old female with the date of injury of January 19, 2001, who sustained an admitted injury to her lower back while assisting in a delivery. A progress note from October 4, 2014 indicates low back pain rating to the bilateral lower extremities and neck pain radiating to the bilateral upper extremities. There's also bilateral hip pain. Pain is described as 10\10 without medications and 7\10 with medications. Physical exam demonstrates limited lumbar range of motion, lumbar tenderness. Treatment to date has included medications, physical therapy activity modification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home care: Upheld

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

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

Decision rationale: According to the CA MTUS guidelines for Home health services: "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. (CMS, 2004)" The medical records document subjective findings that the patient reports daily living limitations in the following areas: Self-care/hygiene, activity, ambulation and sleep. However, there is mention of the patients progress and is to continue with a home exercise program. Additionally, there are no objective findings in the medical documents provided to suggest the patient is unable to care for her daily needs. As such, the request for Home care is not medically necessary at this time.

Transportation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) (KNEE CHAPTER) (CMS 2009), TRANSPORTATION TO AND FROM MEDICAL APPOINTMENT.

Decision rationale: The Expert Reviewer's decision rationale: MTUS does not address transportation, so alternate guidelines were utilized. ODG states regarding transportation: "Recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. (CMS, 2009)" Medical documentation does not indicate reasons and provide evidence that the patient has functional limitations restricting self-transportation. As such, the request for Transportation is not medically necessary at this time.