

Case Number:	CM13-0058427		
Date Assigned:	12/30/2013	Date of Injury:	02/10/2004
Decision Date:	10/07/2014	UR Denial Date:	10/24/2013
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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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 patient is a 67 year old male with a work injury dated 2/10/04. The diagnoses include right arm amputation; long-term medications use; myalgia and myositis unspecified; osteoarthritis unspecified, leg; and depression. Under consideration is a request for long term care home assistance 4 hours per day, 3 days per week. There is a primary treating physician report dated 12/17/13. He saw the prosthetist, but they were not able to help much. He is having more pain and fatigue in the back and arm from his prosthesis. He is not taking any pain medications because it's not covered by the insurance. He has difficulty driving, dressing, cooking, cleaning at home. He is requesting a personal assist for ADL's. He lives with family members who work long hours. On exam he has decreased cervical and decreased bilateral knee range of motion. There is a right shoulder prosthesis in place; some skin erythema under bis prosthesis. His gait is normal and symmetric. His neurological exam revealed normal motor and sensory testing. Authorization requested for personal assist for AD L's per patient's request.

IMR ISSUES, DECISIONS AND RATIONALES

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

LONG TERM CARE HOME ASSISTANCE 4 HOURS PER DAY, 3 DAYS PER WEEK:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, HOME HEALTH SERVICES, 51

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

Decision rationale: Long term care home assistance 4 hours per day, 3 days per week is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS guidelines recommend home health care 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. The documentation does not indicate that the patient is homebound or what specific medical treatment the patient requires. The request for long term care home assistance 4 hours per day, 3 days per week is not medically necessary.