

Case Number:	CM13-0060398		
Date Assigned:	12/30/2013	Date of Injury:	11/01/1999
Decision Date:	06/26/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	12/03/2013

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 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 injured worker is a 70-year-old female who reported an injury on 08/17/1999, the mechanism of injury was not provided within the documentation. In the clinical note dated 12/09/2013, the injured worker complained of depression due to her pain and her incapacity from her surgical complication. She was noted as stating that she had neck, back, and right hip pain. It was documented that there was no change in her exam findings. She was noted to be permanent and stable disabled. The injured worker's diagnoses included lumbar disc injury, other unspecified injury hip/thigh, carpal tunnel syndrome, depressive type psychosis. A treatment plan was not available for review within the clinical note. The request for authorization for home health physical therapy, home health occupational therapy, and home health nursing evaluation as well as the rationale for the requests was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 HOME HEALTH PHYSICAL THERAPY SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POSTSURGICAL TREATMENT GUIDELINES, ,

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

Decision rationale: The request for 8 home health physical therapy sessions is not medically necessary. The Chronic Pain Medical Treatment Guidelines, state that home health is 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. In the clinical notes provided for review, there was a lack of documentation of the injured worker being homebound on a part time or an intermittent basis. The documentation lacked evidence of rationale for the request for home health physical therapy sessions. It was noted in the clinical note that there was no change in the injured worker's physical examination findings. Therefore, the request for 8 home health physical therapy sessions is not medically necessary.

8 HOME HEALTH OCCUPATIONAL THERAPY SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POSTSURGICAL TREATMENT GUIDELINES, ,

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

Decision rationale: The request for 8 home health occupational therapy sessions is not medically necessary. The Chronic Pain Medical Treatment Guidelines, state that home health is 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. In the clinical notes provided for review, there was a lack of documentation of the injured worker being homebound on a part time or an intermittent basis. The documentation lacked evidence of rationale for the request for home health occupational therapy sessions. It was noted in the clinical note that there was no change in the injured worker's physical examination findings. Therefore, the request for 8 home health occupational therapy sessions is not medically necessary.

HOME HEALTH NURSING EVALUATION, QTY: 4.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POSTSURGICAL TREATMENT GUIDELINES, ,

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

Decision rationale: The request for home health nursing evaluation, quantity 4 is not medically necessary. The Chronic Pain Medical Treatment Guidelines, state that home health is 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. In the clinical notes provided for review, there was a lack of documentation of the injured worker being homebound on a part time or an intermittent basis. The documentation lacked evidence of rationale for the request for home health nursing evaluation. It was noted in the clinical note that there was no change in the injured worker's physical examination findings. Therefore the request for home health nursing evaluation is not medically necessary.