

Case Number:	CM13-0066010		
Date Assigned:	01/03/2014	Date of Injury:	08/16/2011
Decision Date:	05/06/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/16/2013

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 & Rehabilitation, has a subspecialty in Pain Management, 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 is a patient with a date of injury of 8/16/11. A utilization review determination dated 12/10/13 recommends non-certification of assignment of a nurse case manager. Home health care was modified from 12 hours per day to 2 hours per day. 12/4/13 medical report identifies "wife giving home assistance at home need, laundry and medications assists with balance along with cane, washes hair, scrubbing back, cooking meals, waters plants and cleaning house." Complains of indigestion, insomnia, depression, diplopia, numbness in left foot, gum pain, right hand pain with weakness and numbness, left forearm pain, left toe numbness, short tempered. Falls a lot because of tripping or losing balance. On exam, there is right shoulder abduction 90 degrees, RUE 4+/5 [muscle(s) unspecified], decreased pin prick, light touch, and decreased reflex (also unspecified), left foot tenderness and decreased ROM.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 HOME HEALTH CARE 12 HOURS A DAY EVERY DAY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MEDICARE BENEFITS MANUAL (Rev. 144, 05-06-11), CHAPTER 7, HOME HEALTH SERVICES; SECTION 50.2 (HOME HEALTH AIDE SERVICES)

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

Decision rationale: Regarding the request for home health care 12 hours a day every day, California MTUS states that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, and they are generally supported for no more than 35 hours per week. CA MTUS also notes that 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. Within the documentation available for review, it is noted that the patient is utilizing a cane and has difficulty ambulating, with some recent falls. It is also noted that the patient's spouse provides assistance at home. There is no documentation that the patient is homebound or identifying why the patient would require special assistance with ambulation rather than progression to a more assistive device such as a walker or wheelchair if he cannot safely ambulate with a cane. The requested care appears to be primarily for homemaker services and personal care without a need for specialized home care, which is not supported by the CA MTUS. There is also no specific plan for the care to be provided or a clear rationale identifying the medical necessity of 12 hours of care per day. In light of the above issues, the currently requested home health care 12 hours a day every day is not medically necessary.

1 ASSIGNMENT OF NURSE CASE MANAGER: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS CHAPTER, PAGE 127

Decision rationale: Regarding the request for assignment of nurse case manager, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, there is no documentation identifying the medical necessity of the assignment of a nurse case manager. In the absence of such documentation, the currently requested assignment of nurse case manager is not medically necessary.