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| Case Number: | CM13-0068225 | | |
| Date Assigned: | 05/07/2014 | Date of Injury: | 12/19/1997 |
| Decision Date: | 07/10/2014 | UR Denial Date: | 11/26/2013 |
| Priority: | Standard | Application Received: | 12/19/2013 |

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 Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 68-year-old female who reported an injury after she fell on 12/19/1997. The requesting physician did not provide a recent and complete assessment of the injured worker; however, the clinical note dated 07/27/2012 indicated the injured worker reported pain, primarily on the left side of her body that was constant. She also reported neck pain and limited range of motion. She rated her pain 9/10 with medications. She also reported problems with occasional headaches which she attributed to the many medications she was taking. She reported occasional stomach problems and occasional urination problems which she believed to be a side effect of her medications. The injured worker reported problems with lifting, carrying, pushing, pulling, and climbing ladders, stairs, and inclines. The injured worker reported she was able to drive locally but stated that longer distances made her anxious. The injured worker reported in general she could perform activities of daily living such as bathing, grooming, and dressing herself. She does have difficulty with showering. The medication regimen included Monopril, Maxzide, Prevacid, Vicodin, tramadol, and Neurontin. The Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

UNKNOWN HOME HEALTH CARE: 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 Home health services Page(s): 51.

Decision rationale: California Chronic Pain Medical Treatment Guidelines states that home health services are 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. There is lack of evidence of the injured worker being homebound or attending any type of rehabilitation program such as physical therapy. In addition the request did not provide a total number of visits or frequency. Furthermore, the provider did not indicate the specific medical treatment to be performed. Therefore, per the California Chronic Pain Medical Treatment Guidelines, the request for unknown home health care is not medically necessary and appropriate.