

Case Number:	CM14-0000395		
Date Assigned:	01/10/2014	Date of Injury:	12/18/1989
Decision Date:	06/11/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/02/2014

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 Orthopedic Surgery, has a subspecialty in Spine Surgery, and is licensed to practice in Texas. 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 61-year-old female whose date of injury is 12/18/1989. The mechanism of injury is not described. The accepted injury is to the right knee, right lower leg, head, right shoulder, back, psyche and bilateral wrists and hands. The treatment to date includes left carpal tunnel release on 12/23/03, left knee arthroscopy on 12/07/04, lumbar laminectomy and fusion L4-5 on 03/20/10, aborted/attempted cervical radiofrequency ablation on 07/20/11. The injured worker has received extensive home health services to date. The submitted records indicate that the injured worker received personal care assistance and homemaker assistance. Clinical note dated 02/01/13 indicates that the injured worker would like to have home health care restarted to help with daily activities. MRI (magnetic resonance imaging) of the lumbar spine dated 06/27/13 revealed postsurgical changes; small fluid collection at the surgical site at L4-5; minimal to mild central canal stenosis and bilateral neural foraminal stenosis at L4-5; and degenerative changes. Clinical note dated 12/10/13 indicates that the injured worker has deteriorated to the point where her functional limitations continue to become more severe from numerous falls. She is unable to perform personal care without help.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH CARE 24 HRS A DAY/7 DAYS PER WEEK X MONTHS (DEC 2013, JAN AND FEB 2014) QTY:3.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Home health services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services, Page(s): 51.

Decision rationale: Based on the clinical information provided, the request for home health care 24 hours a day/7 days per week x months (Dec 2013, Jan and Feb 2014) is not recommended as medically necessary. The submitted records fail to establish that the injured worker is homebound on a part-time or intermittent basis as required by the CA MTUS guidelines. Additionally, the CA MTUS guidelines note 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. As such, the request is not certified.

TRANSPORTATION FOR HOME HEALTH CARE GIVER TO RUN ERRANDS AND THE MEDICAL APPOINTMENTS QTY:1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter (acute & chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Transportation (to and from appointments).

Decision rationale: Based on the clinical information provided, the request for transportation for home health care giver to run errands and the medical appointments is not recommended as medically necessary. The requested home health care is non-certified; therefore, the request for transportation for home health care is not medically necessary.

LOTION FOR MASSAGE AND PSORIASIS AND CELLULIRIS: OVER THE COUNTER NIVEA LOTION: 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 Topical analgesics, Page(s): 111-113.

Decision rationale: Based on the clinical information provided, the request for lotion for massage and psoriasis and cellulitis: over the counter Nivea lotion is not recommended as medically necessary. There is no clear rationale provided to support the request or to establish medical necessity for an over the counter lotion product. As such, the request is not certified.