MAXIMUS Federal Services

Case Number:	CM14-0001838		
Date Assigned:	01/22/2014	Date of Injury:	05/24/2006
Decision Date:	03/28/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/06/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, 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 physician 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 39-year-old female who reported an injury on 05/24/2006. The mechanism of injury was not provided. The patient was noted to have a personal home health care attendant to help them to walk outdoors, indoors, do a linen change, and perform household services. They additionally were noted to help shower the patient. The most recent clinical assessment indicated that the patient's diagnoses were status post left ankle arthroscopy 11/28/2010, cervical/trapezial musculoligamentous sprain/strain, and bilateral upper extremity radiculitis, thoracic outlet syndrome with left subclavian vein compression, and lumbar musculoligamentous sprain/strain with left lower extremity radiculitis and left sacroiliac joint pain. The patient had tenderness to palpation that was present over mortise and subtalar joints. The most recent note from an RN indicated that the patient was recommended for 4 hour care 5 days a week with re-assessment in 8 weeks as the patient was fully independent with telephone use and the patient was ambulatory with the use of a cane. There was a lack of documentation submitted to support the request and the DWC Form RFA was undated. The request was made for a DME shower chair and for home health care 6 hours per day 5 days per week for 12 weeks with an RN evaluation prior to the end of care

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Care 6 hours per day, 5 days per week for 12 weeks with an RN evaluation prior to the end of care: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, and Treatment Index 9th Edition Web 2011

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

Decision rationale: California MTUS states home health services are recommended only for patients who are homebound and who are in need of part time or "intermittent" medical treatment of up to 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 clinical documentation submitted for review failed to provide the patient was in need of medical treatment. It indicated that the patient needed homemaker services and home health aide services. There was a lack of documentation that the patient was homebound. Given the above, the request for home health care 6 hours per day, 5 days per week for 12 weeks with an RN evaluation prior to the end of care is not medically necessary.

DME: Shower Chair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, and Treatment Index 9th Edition Web 2011

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, and Durable Medical Equipment (DME)

Decision rationale: The Official Disability Guidelines indicate that bathtub seats are considered a comfort or convenience item, hygienic equipment, and are not primarily medical nature. There was a lack of documentation accompanying the DWC Form RFA to support the necessity for a shower chair with exceptional factors. Given the above, the request for DME: shower chair is not medically necessary.