

Case Number:	CM14-0010006		
Date Assigned:	02/21/2014	Date of Injury:	11/18/2003
Decision Date:	06/24/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/23/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Ohio. 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 59-year-old male who reported an injury on 11/18/2003. The mechanism of injury was not stated. Current diagnoses include crush injury to the left foot, chronic pain syndrome, left foot reflex sympathetic dystrophy, chronic pain related insomnia, neuropathic pain, chronic pain related depression, and prescription narcotic dependence. The injured worker was evaluated on 01/13/2014. The injured worker reported 7/10 pain. Physical examination revealed normal findings. Treatment recommendations at that time included continuation of current medication, home health care, and an appeal request for ramps in front and back of the injured worker's home.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH CARE 5 HOURS A DAY/ 7 DAYS A WEEK FOR 6 MONTHS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, HOME HEALTH SERVICES, 51

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

Decision rationale: California MTUS Guidelines recommend home health services 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. As per the documentation submitted, it was noted that the injured worker required assistance with self-care, shopping, cooking, and cleaning. However, California MTUS Guidelines state medical treatment does not include homemaker services like shopping, cleaning, and laundry, or personal care given by a home health aide like bathing, dressing, and using the bathroom. Therefore, the current request is not medically appropriate. As such, the request is non-certified.

RAMPS FOR FRONT AND BACK TRAILER: 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 Official Disability Guidelines (ODG) Knee & Leg Chapter, Durable Medical Equipment.

Decision rationale: Official Disability Guidelines state durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. Environmental modifications are considered not primarily medical in nature. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.

CLONIDINE 0.1MG x30: 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 Official Disability Guidelines (ODG) Diabetes Chapter, Hypertension Treatment.

Decision rationale: Official Disability Guidelines state hypertension treatment is recommended after lifestyle modifications. Clonidine is a second line central a-2 agonist. There was no physical examination provided for review. There is no documentation of chronic hypertension. There is no evidence of a diagnosis or condition for which clonidine is currently indicated. There is also no frequency listed in the current request. Based on the clinical information received, the request is non-certified.