MAXIMUS Federal Services

Case Number:	CM14-0013849		
Date Assigned:	02/26/2014	Date of Injury:	04/13/1989
Decision Date:	08/05/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/03/2014

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 Occupational Medicine 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:

The patient is a 74-year-old male who has submitted a claim for senile dementia, diabetic neuropathy, diabetes mellitus, chest pain, hypertension, cerebrovascular accident, and internal hemorrhoids associated with an industrial injury date of April 13, 1989. Medical records from 2012-2014 were reviewed. The patient complained of constant pain and weakness on the back, neck, and right upper and lower extremities. The pain was rated 8/10 in severity. There was also noted foot drop and numbness in the toes of the left foot. There were no objective findings from the medical records submitted. According to the previous utilization review dated January 23, 2014, physical examination showed patient having difficulty and pain with neck rotation. There was decreased muscle mass and tone of the extremities, short-term memory loss and impulse activities. Imaging studies were not available for review. Treatment to date has included medications, home health care, and activity modification. Utilization review, dated January 23, 2014, denied the request for home health aide 10 hrs/day, 6 days/week x 12 weeks and home health RN evaluation prior to end of service because there was no documentation that the patient requires the recommended medical treatment. The patient was not completely homebound, and the requested home health aide, 10 hrs per day, 7 days per week exceeded the recommended guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

RN EVALUATION TO BE DONE PRIOR TO THE END OF CARE TO EVALUATE IN HOME NEEDS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary request is not medically necessary, none of the associated services are medically necessary.

HOME HEALTH AIDE, 10 HRS A DAY, 7 DAYS A WEEK, FOR 12 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state, home health services are only recommended for patients who are home-bound, 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. In this case, the patient has received home health care as far back as October 2012. The home health aide visits were well documented. A home care re-evaluation done on December 21, 2013 stated that the patient was reported to have frequent bouts of dizziness and poor balance, and requires reminders to use his cane or walker. The patient is unable to use the stairs, requires hands-on assistance with personal care, and has poor appetite and frequent constipation. The patient also needs assistance to prevent aspiration during meals. It also states that the patient's wife is overwhelmed with fatigue and has a hard time caring for him because she is the only available person to assist in care in evenings and partial weekends. The evaluation recommended increased coverage of up to 7 days per week. Although the patient may benefit from the assistance of home health aides due to high risk of falls and aspiration, the request for 10 hours a day, 7 days a week exceeds the guideline recommendations. Therefore, the request is not medically necessary.