MAXIMUS Federal Services

Case Number:	CM14-0121510		
Date Assigned:	08/06/2014	Date of Injury:	05/16/2012
Decision Date:	10/01/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/31/2014

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:

This is a 45-year-old female with a 5/16/12 date of injury. The mechanism of injury occurred after a resident ran over the patient's foot and ankle while entering the building. The UR decision dated 7/16/14 referred to a progress report from 7/2/14, however it was not provided for review. According to the 7/2/14 report, the patient had some issues related to other body parts and specific to the right knee. Objective findings: manual muscle strength was maintained, ROM was reduced, possible laxity and decreased muscle strength. Diagnostic impression: impingement ankle, ankle sprain. Treatment to date: medication management, activity modification, physical therapy, injections, surgery. A UR decision dated 7/16/14 denied the requests for home care and consultation and treatment with pain management. Regarding home care, there is no documentation provided detailing that the patient is homebound and is unable to perform activities of daily living. Regarding consultation and treatment with pain management, there is no rationale provided as to the medical necessity of a pain management specialist for this patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home care with ADL's (activities of daily living): Upheld

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

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

Decision rationale: CA MTUS 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. There is no documentation that the patient is homebound. In addition, there is no documentation that the requested home care is for medical treatment. 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. Therefore, the request for Home care with ADL's (activities of daily living) was not medically necessary.

Consultation and treatment with pain management: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Clinical Topics . Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 6 page(s) 127, 156, and the Official Disability Guidelines (ODG), Pain Chapter

Decision rationale: CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. There is no documentation as to why the provider is requesting a consultation with pain management. The medical necessity of this request has not been established. Therefore, the request for Consultation and treatment with pain management was not medically necessary.