

Case Number:	CM14-0126611		
Date Assigned:	08/13/2014	Date of Injury:	05/03/2011
Decision Date:	12/31/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/11/2014

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 Internal 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:

Pursuant to the Primary Treating Physician's Progress Report and Request for Authorization dated July 8, 2014, the IW complains of pain to low back rated 8-9/10. When his medications are approved, his pain is decreased to levels that allow him to be more functional. He was able to perform some forms of exercising and walking as it has improved the quality of his life. He has had reconstruction surgery in the right leg and on the left lateral aspect of the ankle. He has pain and paresthesias in his hands and it makes it difficult for him to use his cane, however, he is walking with the assistance of a cane for the July 8, 2014 examination. Objectively, the IW has a large area discoloration from bruising on the medial aspect of his right foot. There is some swelling about the size of half a golf ball in that region. It is tender to palpation. He is wearing a foot drop brace on his right ankle. Current medications include MS Contin 15mg, Norco 10/325mg, Voltaren gel, Colace 100mg, and Prilosec 20mg. The IW is having difficulty bending and washing and dressing himself. The provider is recommending homecare services, 4 hours a day 7 days a week over the next 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

HHC Home Housekeeping 4 hours a day x 90 days: 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); Pain Section, Home Health Services

Decision rationale: Pursuant to be Official Disability Guidelines, home healthcare housekeeping four hours a day times 90 days is not medically necessary. Home health services are recommended under specific circumstances. These services include both medical and nonmedical services for patients who are homebound and who require one or combination of the following; skilled nursing care by a licensed healthcare professional for tasks such as administration of intravenous drugs, dressing changes, physical therapy, speech language pathology, and occupational therapy; home health aide services that do not require skills of the medical professional such as bowel and bladder care, feeding, bathing, dressing and transfer; and or domestic services such as shopping, cleaning, laundry that the individual is no longer capable of performing the services do not require specialized training and do not need to be performed by a medical professional. Home healthcare services are medically necessary with a medical condition results in an inability to leave the home for medical treatment and/or an inability to perform specific custodial or homemaker services. In this case, the injured worker walks with the assistance of the cane. The diagnoses are status post right carpal tunnel release, persistent left carpal tunnel, status post left carpal tunnel release, history of multiple fractures right lower extremity, left ankle, surgery for nonunion right femur, chronic low back pain, and EMG right lower extremity for diagnosis of right peroneal neuropathy (foot drop). The medical record does not indicate the injured worker is receiving any intravenous drugs, dressing changes, in-home physical therapy, speech language or occupational therapy. There is no documentation in the medical record to indicate home health services are required. There are no current functional deficits that support the need for home housekeeping services. Consequently, home healthcare housekeeping four hours a day times 90 days is not medically necessary.