MAXIMUS Federal Services

Case Number:	CM14-0134454		
Date Assigned:	08/27/2014	Date of Injury:	03/23/2007
Decision Date:	09/25/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/21/2014

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 and Rehabilitation 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 63 year-old patient sustained an injury on 3/23/07 from a 4 feet fall with furniture falling on top while employed by [redacted]. Request(s) under consideration include continued home healthcare assistance and continued transportation services to and from all of his medical visits. The past medical history includes hypertension, acid reflux, rheumatoid arthritis, carpal tunnel syndrome, and hemorrhoids. Conservative care has included medications, physical therapy, acupuncture, Post-op physical therapy, cortisone injections to shoulder, and activity modification/rest. The patient is status post multiple steroid injections to bilateral shoulders on 6/10/08 and 2/3/09 without improvement and subsequently underwent right shoulder arthroscopy with SAD and labral debridement on 3/17/11 and left shoulder arthroscopy with sub acromial decompression, rotator cuff debridement on 8/28/12; status post left inguinal hernia repair and excision of lipoma on 2/25/14 and right inguinal hernia repair with excision of lipoma on 4/8/14. Currently, the patient is using a rolling walker. An agreed medical evaluation re-evaluation on 3/27/14 noted patient's future medical provision should include access to orthopedist, further diagnostics as needed, over-the-counter and anti-inflammatory pain medications and lumbar corset. The evaluator did not believe a walker, adjustable bed, or aquatic therapy was warranted for this P&S patient who had reached maximal medical improvement. Report of 6/3/14 from the provider noted patient with stable overall condition and was happy with shoulder surgery outcome (2011, 2012). An exam showed tenderness over lumbar; limited range with flex/lateral bending of 40/10 degrees; tenderness at medial and lateral joint lines without instability. Diagnoses included bilateral knee patellofemoral arthrosis/ meniscal tear status post arthroscopy; fibromyalgia syndrome; lumbar spondylosis; unspecified colitis; unspecified non-psychotic mental disorder; unspecified inflammatory polyarthropathy. Treatment included above requests. The request(s) for continued home healthcare assistance and continued transportation services to

and from all of his medical visits were non-certified on 7/25/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued home healthcare assistance: 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 Home health services Page(s): 52.

Decision rationale: The MTUS and Medicare guidelines support home health for patients who are homebound requiring intermittent skilled nursing care or home therapy and do not include homemaker services such as cleaning, laundry, and personal care. The patient does not meet any of the criteria to support this treatment request and medical necessity has not been established. Submitted reports have not adequately addressed the indication or demonstrated the necessity for home health. There is no documentation of whether the patient is homebound or what specific deficient performance is evident in activities of daily living. An exam indicated tenderness and decreased range; however, has no clear neurological deficits. The continued home healthcare assistance (unspecified) is not medically necessary and appropriate.

Continued transportation services to and from all of his medical visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Transportation (to and from Appointments).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Transportation, page 354.

Decision rationale: The ACOEM, MTUS do not address transportation to and from physical therapy appointment; however, the ODG does recommend medically-necessary transportation to appointments for patients with disabilities preventing them from self-transport. Submitted reports have not demonstrated adequate support for treatment request and do not provide supporting medical reasoning indicating why the patient cannot drive or use public transportation. There was no documentation regarding how far the patient needed to travel or how long the patient needed to sit to wait for the office appointments nor do reports address other options that have been exhausted or comorbidities preventing patient to travel by alternative means. Clinical findings show no indication of activities of daily living limitations or specific neurological deficits to support for transportation services. The Continued transportation services to and from all of his medical visits is not medically necessary and appropriate.