

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0136678 | | |
| Date Assigned: | 09/03/2014 | Date of Injury: | 01/20/2011 |
| Decision Date: | 10/02/2014 | UR Denial Date: | 08/14/2014 |
| Priority: | Standard | Application Received: | 08/25/2014 |

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 Preventive 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:

According to the records made available for review, this is a 57-year-old female with a 1/20/11 date of injury. At the time (8/14/14) of decision for home health aide service and home health RN (Registered Nurse) visits, 2 times monthly, there is documentation of subjective (falling downstairs, problems with thumb when she tried to catch herself) and objective (left knee swelling, tenderness in the left knee and left hip area, painful hip motion, ambulates with a rolling walker) findings, current diagnoses (major depression disorder recurrent, pain in joint pelvis/thigh, pain in joint lower leg), and treatment to date (acupuncture, psychotherapy, activity modification, medications, and home health care). There is no documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and that the patient is home-bound on a part-time or intermittent basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health aide service: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Lumbar and Thoracic Spine: Home Health Services

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and the patient is home-bound on a part-time or intermittent basis, as criteria necessary to support the medical necessity of home health services. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of no more than 35 hours per week. Within the medical information available for review, there is documentation of diagnoses of major depression disorder recurrent, pain in joint pelvis/thigh, pain in joint lower leg. However, there is no documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and that the patient is home-bound on a part-time or intermittent basis. Therefore, based on guidelines and a review of the evidence, the request for home health aide service is not medically necessary.

Home health RN (Registered Nurse) visits, 2 times monthly: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Lumbar and Thoracic Spine: Home Health Services

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and the patient is home-bound on a part-time or intermittent basis, as criteria necessary to support the medical necessity of home health services. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of no more than 35 hours per week. Within the medical information available for review, there is documentation of diagnoses of major depression disorder recurrent, pain in joint pelvis/thigh, pain in joint lower leg. However, there is no documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and that the patient is home-bound on a part-time or intermittent basis. Therefore, based on guidelines and a review of the evidence, the request for Home health RN (Registered Nurse) visits, 2 times monthly is not medically necessary.

