MAXIMUS Federal Services

Case Number:	CM14-0140095		
Date Assigned:	09/08/2014	Date of Injury:	05/23/2001
Decision Date:	10/03/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/29/2014

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:

According to the provided information, this is a 58-year-old woman injured on 5/23/2001. Patient is being treated for neck, back, upper and lower extremities. Original mechanism of injury is not known. There is a 7/20/14 request for authorization from the orthopedist that includes request for home health care assistance 24 hours a day 7 days a week and transportation services. There is an orthopedic PR-2 of 7/22/14 which indicates patient says she is in significant constant pain and she is becoming increasingly depressed and anxious due to chronic pain. Objectively she ambulates with a cane and stands independently. There was reduced range of motion in the lumbar spine, the neck had near normal range of motion. There was no documentation of any significant functional limitations in activities of daily living. There is no mention of any abnormalities in the patient's ability to use the upper or lower extremities or any other rationale provided for this patient would be unable to drive a vehicle. There is no mention of objective findings that would preclude the patient's ability to perform her activities of daily living independently. Diagnoses were fibromyalgia syndrome, chronic pain syndrome, history of lumbar fusion, depression and anxiety, avulsion fracture, right medial femoral condyle and obesity. The treatment plan states the patient needed psychological treatment and was becoming increasingly depressed and anxious. The report states "I feel the patient requires home health care assistance 24 hours per day 7 days per week as well as transportation services to/from the medically related visits". The report does not say what has changed that the patient would require this. There is no mention that there would be any need for provision of medical treatment by a home health care provider such as wound care or maintenance of any type of an intravenous line, administration of intramuscular or intravenous medications. There is no indication the patient had become homebound or bedbound. There is no indication of any significant change in the patient's status from the orthopedic reports of 2/19/14 and 4/22/14. Also provided are several

pain management medical reports including one from 7/23/14. Subjective complaints stated that her legs feel like they do not want to walk. This was mentioned in every single one of the prior pain management reports provided. There was hip and leg pain and pain was said to affect activities of daily living including cooking and walking. There is no indication the patient could not do the activities of daily living. Objective findings included notation of a slow antalgic gait using a 4 pronged cane.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Care Assistance 24 Hrs/7 Days A Week: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefits Manual *Rev. 144, 05/06/11) Chapter 7 Home Health Services Section 50.2 (Home Health Aide Services)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, Home health services Page(s): 51.

Decision rationale: There is no indication that the home health services are being requested for medical treatment purposes such as wound care, administration of intravenous or intramuscular medications. There is no indication this patient is homebound or bed bound. The report does not state what the duties are that the home health care assistance is to provide. There is no indication that this patient requires administration of any type of medical treatment by healthcare provider at home on a 24-hour basis. Therefore, based upon the evidence and the guidelines, this is not considered be medically necessary.

Transport To/From All Medically Related Visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Definitions Page(s): 1-2. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: California labor code 4600 (e) (1) and (2)

Decision rationale: MTUS guidelines state that the purpose of the MTUS is to assist in the provision of medical treatment. Transportation to and from appointment is in and of itself not the provision of medical treatment. MTUS guidelines do not address provision of transportation for medical treatment at all. The MTUS defines medical treatment as care which is reasonably required to cure or relieve the employee from the effects of the industrial injury. Transportation is not medical care. The responsibility of the employer/insurance carrier with regard to provision of transportation for the injured worker is addressed elsewhere in the California labor code. Thus, based upon the evidence and the guidelines provision of transportation to and from appointment is not medically necessary as it is not medical treatment.