

Case Number:	CM14-0150407		
Date Assigned:	09/18/2014	Date of Injury:	04/30/2013
Decision Date:	10/22/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/16/2014

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 Emergency Medicine and is licensed to practice in Texas. 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:

The injured worker is a 63-year-old female who reported an injury on 04/30/2013. The injured worker was bending forward to pick up a 15 to 20 pound box and while lifting, she twisted her back to the right and felt immediate pain in the lower back. The injured worker's treatment history included chiropractic treatment, physical therapy sessions, trigger point injections, SI joint injections, and Lidoderm patches. The injured worker was evaluated on 08/14/2014 and it was documented that the injured worker complained of persistent symptoms in her right knee, bilateral hips, and right foot. She had numbness affecting her right knee, bilateral hips, and right foot, which radiated into her toes. She noted that it was constant. The provider noted since her injury the injured worker lacked the ability to walk out of a wheelchair and was in need of assistance at home. The injured worker needed help 8 hours a day, 7 days a week. The physical examination revealed right lower extremity 3/5 dorsiflexion of the right foot. There was less swelling. Diagnoses included right hamstring injury with associated sciatic nerve neuropraxia, right foot drop secondary to sciatic nerve dysfunction, right medial plateau fracture secondary to right foot drop, status post internal fixation, right tibial plateau fracture, and diffused right lower extremity edema. The Request for Authorization dated 07/21/2014 was for Home health services 4 hours per day, 7 days per week, for 2 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health services 4 hours per day, seven days per week x 2 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines (MTUS) only recommends Home Health Services for medical treatment for patients who are Home bound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. 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. The documents provided on 08/14/2014 lacked documentation of the injured worker being homebound, on a part time or "intermittent" basis. In addition, there was no indication the injured worker was post-op from surgery. As such, the request for home health services 4 hours per day, 7 days per week X2 months is not medically necessary.