

Case Number:	CM14-0167705		
Date Assigned:	11/07/2014	Date of Injury:	01/25/1999
Decision Date:	12/26/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/10/2014

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, has a subspecialty in Interventional Spine 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:

The patient is a 54-year-old female with a date of injury of 01/25/1999. The earliest progress report provided for review dated 03/05/2014. According to this report, the patient presents with chronic pain and RSD. Objective finding notes blood pressure 131/72, pulse 84, resp 16, temp 98.6, and weight 153. The treater states pain control and function are "optimized (further improvement unlikely)." Treatment plan is for "continued current tx." There is one additional progress report dating back 03/04/2013, which notes that the patient is taking Duragesic, Nalfon, baclofen, and Robaxin. Examination revealed "TP left trapezius - PT request TPI." Provided for review are in-home nurse care reports from 10/04/2013 through 09/04/2014. This is a retrospective request for custodial care. Utilization review denied the request on 09/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review: non-medical custodial care: DOS 08/29/2014 - 09/04/2014 (50 hours):
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)

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

Decision rationale: This patient presents with chronic pain and RSD. The current request is for retrospective review, nonmedical custodial care, DOS 08/29/2014 to 09/04/2014 (50 hours). The MTUS page 51 has the following regarding home services, "Recommended only for otherwise recommended 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." In this case, there are no significant physical findings that would require custodial care. There are no discussions regarding the patient's specific functional needs that would require assistance and the medical justification for the deficits. Furthermore, review of home-care nurse reports consistently indicate areas of assistance were in cleaning the home, laundry, errands and help with dinner, with no other medical care given. Recommendation is not medically necessary and appropriate

Retrospective review: non-medical custodial care: DOS 07/25/2014 - 07/31/2014 (50 hours):
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)

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

Decision rationale: This patient presents with chronic pain and RSD. The current request is for retrospective review, nonmedical custodial care, DOS 07/25/2014 to 07/31/2014 (50 hours). The MTUS page 51 has the following regarding home services, "Recommended only for otherwise recommended 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." In this case, there are no significant physical findings that would require custodial care. There are no discussions regarding the patient's specific functional needs that would require assistance and the medical justification for the deficits. Furthermore, review of home-care nurse reports consistently indicate areas of assistance were in cleaning the home, laundry, errands and help with dinner, with no other medical care given. Recommendation is not medically necessary and appropriate.

Retrospective review: non-medical custodial care: DOS 07/18/2014 - 07/24/2014 (50 hours):
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)

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

Decision rationale: This patient presents with chronic pain and RSD. The current request is for retrospective review, nonmedical custodial care, DOS 07/18/2014 to 07/24/2014 (50 hours). The MTUS page 51 has the following regarding home services, "Recommended only for otherwise recommended 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." In this case, there are no significant physical findings that would require custodial care. There are no discussions regarding the patient's specific functional needs that would require assistance and the medical justification for the deficits. Furthermore, review of home-care nurse reports consistently indicate areas of assistance were in cleaning the home, laundry, errands and help with dinner, with no other medical care given. Recommendation is not medically necessary and appropriate.