

Case Number:	CM14-0175097		
Date Assigned:	10/28/2014	Date of Injury:	07/01/2003
Decision Date:	12/10/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/23/2014

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 & 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:

The underlying date of injury in this case is 07/01/2003. The date of the utilization review under appeal is 09/22/2014. The available file does not include current treating physician notes. An orthopedic agreed medical evaluation note of 06/20/2014 discusses diagnoses of multilevel cervical and lumbar spondylosis with right upper extremity and right lower extremity hemiplegia with residuals due to an epidural injection, bilateral shoulder impingement, and significant residuals of right upper extremity paresthesias. The patient was noted to have atrophy of the right upper extremity with dysesthesia and evolving contractures as well as interossei wasting and inability to cross or extend the fingers in the right hand. That report notes that the patient has difficulty with activities of daily living including dressing, bending to put his shoes on, showering, cooking, transferring to a vehicle, or driving for extended periods of time. That report concludes that the patient continues to require home health assistance 1 day per week for 6 hours on an ongoing basis and needs an occupational therapy reevaluation. An initial physician review concluded that the medical records do not indicate the medical rationale for the requested home health assistance. This review also notes that a functional capacity evaluation is not indicated because it is not clear that the patient has failed return to work attempts, and it is not clear that the patient has reached maximum medical improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Function Capacity Evaluation: 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), Function Capacity Evaluation

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Capacity Evaluation/Work Hardening Page(s): 125.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines discusses functional capacity evaluations in the context of work hardening on page 125. A functional capacity evaluation is recommended when a patient has plateaued in treatment and there is concern about returning to a particular job of medium or higher physical demand. The records do not discuss specific plans for return to work. The rationale or goal for a functional capacity evaluation and the type of job to which the return to work is proposed and the nature of difficulties in returning to that job are not apparent. This request is not medically necessary.

Home Health 1 day per week for 6 months: 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 Home health services Page(s): 51.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on home health services, states that home health services may be indicated in patients who are homebound on a part-time basis, no more than 35 hours per week. In this case it is not clear that the patient is homebound. Moreover, the type of home health services requested is not clarified. Most notably, it is unclear how many hours home health is requested 1 day per week. It appears as if the request for 1 day per week is likely for assistance with non-medical activities of daily living, such as homemaker services including shopping, cleaning, and laundry; those services are specifically not certifiable as medical treatment based on the treatment guidelines. For these multiple reasons, this request is not supported by the treatment guidelines. This request is not medically necessary.