MAXIMUS Federal Services

Case Number:	CM14-0021099		
Date Assigned:	05/07/2014	Date of Injury:	09/14/1998
Decision Date:	07/09/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/20/2014

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 Rehabilitation & Pain Management 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:

This patient is a 58-year-old female with a date of injury of 09/14/1998. Per treating physician's report 11/25/2013, listed diagnoses are chronic pain syndrome, anxiety/depression, lumbar disk degeneration. The patient's daughter apparently moved out and has less help around the house, and now, has increased anxiety, and continue to report a need for more help around the house. Her husband is now less able to participate in household activities and the patient continues to report increased anxiety and depression and back spasms which are severe. There have been two visits to the emergency room since her last visit and receiving morphine with some improvement. The patient was requesting increase in Valium or something else for chronic pain. Current medication include Valium 5 mg three times a day, gabapentin, Norco on as needed basis, Zoloft, amitriptyline, Lidoderm patches, MiraLAX powder. Physical examination shows mobilization on a wheelchair and assistance for all transfers. Under assessment, the patient continues to request a return to 8 hours of home health aid per day and reports in need for rolling walker replacement. Psychiatric evaluation was requested, HELP program evaluation appeal is pending, and the patient requires physical assistance for activities of daily living and mobility, we will continue to advocate for her receiving maximum amount of home health assistance, and she was previously receiving 8 hours per day. This request was denied by utilization review letter 02/06/2014 with a rationale that home health service is only indicated for individuals who are homebound on a part-time or intermittent basis and no more than 35 hours per week are supported. Further rationale was that there were no significant imaging studies documenting any significant pathology to support the medical necessity of home healthcare, and there were no significant documentation of any strength that was in the lower extremities to support the

medical necessity of home healthcare services. Other reports were reviewed that do not describe the patient's functional level.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED TN (10) HOURS OF HOME HEALTHCARE ASSISTANCE FOR THE BILATERAL AND UPPER AND LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH SERVICES Page(s): 51.

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

Decision rationale: This patient presents with chronic pain syndrome particularly in the low back since industrial injury from a fall. The request was for "continued 10 hours of home healthcare". This request was denied by utilization review letter 02/06/2014. The patient's functional level shows that the patient is using a wheelchair although whether or not, there are real pathologists that would warrant the use of wheelchair is not known. The patient has been complaining about inability to perform activities of daily living, and taking care of the household since her daughter moved out and her husband less able to help. Listed diagnoses only include degenerative disk condition, carpal tunnel syndrome with right carpal tunnel release from 2001, left carpal tunnel release from 2002, tarsal tunnel release from 2001, prior ankle surgery, mild spinal stenosis lumbar spine from 2001, and deconditioning along with severe depression and obesity. The problem with current request is that the request is not well defined. MTUS Guidelines allow up to 35 hours of home health services for patients that are home bound. The current request was for 10 hours and review of the reports show that the patient is requesting to have 8 hours per day which would be up to 56 hours per week. Given that the MTUS Guidelines do not allow more than 35 hours of home health services even if indicated per week, the request is not medically necessary.