

Case Number:	CM14-0022966		
Date Assigned:	05/14/2014	Date of Injury:	12/27/2000
Decision Date:	07/10/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/24/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back, hip, and thigh pain reportedly associated with an industrial injury of December 27, 2000. The applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a Utilization Review Report dated January 23, 2014, the claims administrator denied a request for home health services. The applicant's attorney subsequently appealed. A March 26, 2014 progress note was notable for comments that the applicant was having persistent complaints of low back pain, hip pain, and thigh pain. The applicant was having difficulty with mobility and ability to perform activities of daily living. The applicant was placed off of work, on total temporary disability. The applicant is given diagnoses of venous ulceration, posttraumatic, scar dystrophy, reflex sympathetic dystrophy, and peripheral neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH AIDE 6 HOURS PER DAY, 7 DAYS PER WEEK FOR 12 WEEKS WITH RN RE-EVALUATION TO BE DONE PRIOR TO THE END OF CARE: 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 topic Page(s): 51.

Decision rationale: The services being sought by the attending provider here include assistance with activities of daily living, such as cleaning the house and personal care. As noted on page 51 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, however, such services are specifically not covered when they are the only services being sought. In this case, there is no evidence that the applicant is concurrently receiving any other medical services. Therefore, the request is not medically necessary.