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| Case Number: | CM14-0023432 | | |
| Date Assigned: | 05/12/2014 | Date of Injury: | 12/04/2006 |
| Decision Date: | 07/10/2014 | UR Denial Date: | 02/17/2014 |
| 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] laborer who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of December 4, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; psychotropic medications; and extensive periods of time off of work. In a Utilization Review Report dated February 18, 2014, the claims administrator denied a request for medical transportation and home care for performance of household chores. The claims administrator did not seemingly provide any guidelines on the decision to deny medical transportation. The applicant's attorney subsequently appealed. In a clinical progress report dated April 29, 2014, it was stated that the applicant had persistent complaints of low back pain, 7/10, unchanged. The applicant had gained weight. The applicant weighed 296 pounds. The applicant had a variety of complaints, including depression, stress, and anxiety, along with comorbid hypertension, diabetes, and heart disease. The applicant did not appear to be working. Authorization was sought for home health services to facilitate performance of activities of daily living, dressing, and household chores. Transportation to and from appointments is apparently sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

TO DETERMINE THE MEDICAL NECESSITY FOR HOME HEALTH CARE 5 HOURS PER DAY, 7 DAYS A WEEK FOR 6 WEEKS FOR HOUSEHOLD CHORES:

Upheld

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

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

Decision rationale: As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, home health services for the sole purposes of assisting with performance of activities of daily living such as cooking, cleaning, household chores, etc., the services seemingly being sought here, are specifically not covered when this is the only service being sought. In this case, this is, in fact, seemingly the only service being sought. No other medical services are being concurrently delivered. Therefore, the request for home health care for the purpose of performing household chores is not medically necessary.

TRANSPORTATION TO AND FROM ALL APPOINTMENTS: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 83, to achieve functional recovery, applicants must certain responsibilities, one of which is to keep appointments. Thus, the request to provide the applicant with transportation to and from medical appointments has been deemed, per ACOEM, to be a matter of applicant responsibility as opposed to a matter of payer responsibility. Therefore, the request is not medically necessary.