

Case Number:	CM14-0029529		
Date Assigned:	06/16/2014	Date of Injury:	05/14/2011
Decision Date:	07/21/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/07/2014

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 Health 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 and leg pain reportedly associated with an industrial injury of May 14, 2011. 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; and a wheelchair. In a utilization review report dated February 20, 2014, the claims administrator apparently denied a request for a wheelchair. It was stated that the applicant's operating diagnosis was a femur fracture. The applicant's attorney subsequently appealed. In a supplement report dated February 13, 2014, the applicant's attending provider stated that the applicant needed a home health aide to help her shower, ambulate, and transfer to a wheelchair to and from the bed. The applicant was reportedly having difficulty in terms of dressing, bathing, self-care, and personal hygiene following her apparently poorly healed distal femoral fracture. Home health aide was sought exclusively for assistance with activities of daily living, it was stated, at a rate of 10 hours a day, 7 days a week.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL HOME HEALTH AID 10 HOURS PER DAY FOR 7 DAYS A WEEK FOR 6 MONTHS: Upheld

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

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

Decision rationale: The attending provider has written in his progress note that he intends for the home health aide to specifically aid in performance of nonmedical activities of daily living such as ambulating, transferring, bathing, dressing, etc. Such services are specifically not covered when they are the only services being sought; it is noted on the on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.