

Case Number:	CM14-0030997		
Date Assigned:	06/20/2014	Date of Injury:	01/30/2014
Decision Date:	07/17/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/11/2014

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:

According to the records made available for review, this is a 52-year-old female with a 1/30/14 date of injury and status post left elbow open reduction and internal fixation on 2/2/14 with skin graft placement on 2/4/14. At the time (2/20/14) of request for authorization for home health - 42 visits, for dressing and cooking, for 6 hours daily for 6 weeks, there is documentation of subjective (constant left elbow pain with radiation to the left hand, fourth and fifth finger with numbness and tingling; left sided chest and rib pain with radiation to the left buttock, leg, and foot; and difficulty performing activities of daily living) and objective (left upper extremity skin graft healing well, limited range of motion of the left upper extremity, and diminished sensation in the ulnar nerve with function) findings, current diagnoses (status post open reduction internal fixation of left elbow, left ulnar neuropathy, and post traumatic stress), and treatment to date (left elbow surgery, long-arm splint, and medications). There is no documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and the patient is homebound on a part-time or intermittent basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health - 42 visits, for dressing and cooking, for 6 hours daily for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefits Manual (Rev. 144, 05-06-11), Chapter 7 - Home Health Services; section 50.2 (Home Health Aide Services), Custodial Care, Patient Selection Criteria.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and the patient is homebound on a part-time or intermittent basis, as criteria necessary to support the medical necessity of home health services. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of no more than 35 hours per week. Within the medical information available for review, there is documentation of diagnoses of status post open reduction internal fixation of left elbow, left ulnar neuropathy, and post traumatic stress. However, there is no documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and the patient is homebound on a part-time or intermittent basis. In addition, the proposed number of hours per week exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for home health - 42 visits, for dressing and cooking, for 6 hours daily for 6 weeks is not medically necessary.