

Case Number:	CM14-0037304		
Date Assigned:	06/25/2014	Date of Injury:	03/27/2009
Decision Date:	08/11/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	03/27/2014

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 Family Practice and is licensed to practice in New Jersey. 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 worker is a 56 year old female who was injured on 3/27/09. She was diagnosed with congenital fusion of the spine, spinal stenosis (lumbar), venous thrombosis, lumbosacral spondylosis, lumbosacral disc degeneration, lumbosacral neuritis, scoliosis, rotator cuff disease, and kyphosis. She was treated with surgery on the thoracic and upper lumbar spine on 2/5/14. Following the surgery she was transferred to a rehabilitation facility on 2/18/14 and stayed there for nearly one month and continued to experience occasional urinary incontinence, pain rated 5-7/10, and required total assistance with normal daily activities such as bathing, dressing, and toileting. A request was then made for the worker to transfer to home with a full time nurse (8 hours per day and 7 days per week) to help her with these daily functions as well as a hospital bed, wheelchair, and tub transfer bench. The assessment also mentioned that she would require "modified independence", and family training was to be done prior to her going home, so they could help her with some of these tasks. She was also able to use a walker upon assessment.

IMR ISSUES, DECISIONS AND RATIONALES

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

HH- Nursing Home Health Services - Evaluation and treatment no duration/ frequency indicated: 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 Page(s): 51.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines for Chronic Pain state that home health services be recommended only for recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. The MTUS also clarifies that medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. In the case of this worker, the need for medical services besides daily living task help was not seen in the documentation provided for review. Also, based on the evidence in the documents provided the worker did not require full time assistance and the request for greater than 35 hours per week was excessive. There also was no mention of her family or friends not being able to assist her with her daily living tasks. Therefore, the home health care is not medically necessary.

Purchase of a hospital bed: 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 Power mobility devices Page(s): 99.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines mentions powered wheelchairs being not necessary if other devices are capable of helping the patient become independently mobile such as a cane or a walker, and using a non-powered wheelchair over a walker or cane would also need to be justified if the person can effectively use a cane or walker for mobility. The goal of using these devices for mobility and function is to not become too dependent on them, so the less passive help, the better the functional outcome. Using a hospital bed at home may be recommended if required by a physician. In the case of this worker, it is not clear as to why the hospital bed was required for her to function as no documentation revealed this. Therefore, the hospital bed is not medically necessary.

Purchase of a wheelchair: 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 Power mobility devices Page(s): 99.

Decision rationale: The MTUS Chronic Pain Guidelines mentions powered wheelchairs being not necessary if other devices are capable of helping the patient become independently mobile such as a cane or a walker, and using a non-powered wheelchair over a walker or cane would

also need to be justified if the person can effectively use a cane or walker for mobility. The goal of using these devices for mobility and function is to not become too dependent on them, so the less passive help, the better the functional outcome. Using a hospital bed at home may be recommended if required by a physician. In the case of this worker, it is not clear as to why the hospital bed was required for her to function as no documentation revealed this. The worker was able to successfully use a walker, and the wheelchair seems to not be necessary. Therefore, the wheelchair is not medically necessary.