

Case Number:	CM14-0052161		
Date Assigned:	09/10/2014	Date of Injury:	08/25/2010
Decision Date:	10/07/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/21/2014

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 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:

This is a 62-year-old female patient who reported an industrial injury on 8/25/2010, over four years ago, attributed to the performance of her usual and customary job tasks reported as tripping over a stepstool and falling to the floor. The patient was being treated for gait instability, weakness, and lumbar radiculopathy. The patient is being prescribed gabapentin, Norco, Zanaflex, calcium, vitamin D, Pepcid, lisinopril, Metformin, and Simvastin. The patient is noted to be status post total knee arthroplasty on the left with data surgery 6/15/2012. The patient underwent postoperative rehabilitation PT. The patient also underwent a right TKA are on 2/26/2013 with postoperative rehabilitation physical therapy. The patient has received chiropractic therapy and a lumbar spine right epidural steroid injection. The patient has received a CBT consultation along with a home care consultation. The MRI of the lumbar spine documented 3-04no disc herniation or spinal stenosis; however, L4-L5 demonstrated moderate stenosis and L5-S1 shows post thecal sac encroachment. The objective findings on examination included antalgic gait using a one point cane; palpable spasms of SI joint to my: no paraspinal tenderness to palpation; tenderness over the right trochanteric bursa; knee range of motion restricted; healed surgical scar; both knees stable to valgus and varus stress; motor was 4/5 on the right and 5/5 on the left; sensory examination reported as diminished over the right L4-L5 and L5-S1. It was noted that the patient was suitable to return to modified duty. The treatment plan included a request for home healthcare 3-5 hours per day for 3-4 weeks with reevaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Care: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 91, Chronic Pain Treatment Guidelines home health services Page(s): 51. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medicare guidelines--Centers for Medicare & Medicare Services (CMS). Medicare and Home Health Care. 2004.

Decision rationale: The patient was not documented to have met the criteria recommended for the authorization of home healthcare. The patient was documented to have chronic knee and back pain, however, had the ability to walk with a single point cane and have functional range of motion. The provision of home healthcare is for patients who are homebound. The California MTUS recommend home healthcare for patients who are homebound, on a part-time or intermittent basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care even by home health aides like bathing, dressing, and using the bathroom when this is the only care required. The treating physician did not provide a rationale supported with objective evidence to support the medical necessity of the requested home healthcare of 3-5 hours per day for 3-4 weeks. The patient is not documented with the criteria recommended by evidence-based guidelines for the provision of home health services due to the reported chronic pain issues. There is no medical necessity for home healthcare services requested. There is no documentation of a disability to the extent where the patient qualifies for home health care for chronic pain issues. There is no objective evidence to support the medical necessity of a home health care on an industrial basis due to the diagnoses or the objective findings on examination. The treating physician has not provided any clinical documentation to support the medical necessity of the requested 35 hours/week of home healthcare services for this patient directed to the effects of the industrial injury.