

Case Number:	CM14-0079094		
Date Assigned:	07/18/2014	Date of Injury:	03/18/2011
Decision Date:	08/27/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	05/29/2014

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 Geriatrics and is licensed to practice in New York. 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 injured worker is a 26 year old woman with a date of injury of 3/18/11. She was seen for a pre-operative history and physical for a right lumbar sympathetic block on 5/14/14 for a diagnosis of complex regional pain syndrome. She was seen by her provider on 5/12/14 with complaints of lower extremity pain in both feet. As well as pain in her hands. Her medications included gabapentin, Lyrica, Cymbalta, Lidaine patch, acetaminophen, ketamine and naltrexone. Her physical exam showed she was well groomed and in no distress with appropriate affect and demeanor. Her right foot was hyperemic and warmer than the left and both feet were hyperesthetic to the mid shin as were her hands (hyperesthetic and warm). Her diagnosis was reflex sympathetic dystrophy of the right foot ongoing. At issue in this review is the request for home health aide care at 2.5 hours twice weekly.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Care Aide: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services, CMS Publication No. 10969; Aetna Clinical Policy.

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

Decision rationale: This injured worker has chronic right foot pain. The records do not document any difficulty with transfers, bathing and dressing or other activities of daily living. She is well groomed on physical exam. Home health services are recommended only for otherwise 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. 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. The request is does not specify what the home health aide visits are targeting and the records do not substantiate that she is homebound. The records do not support the medical necessity for home health assistance at 2.5 hours per week for an unknown length of time.