

Case Number:	CM14-0145758		
Date Assigned:	09/12/2014	Date of Injury:	03/15/2010
Decision Date:	07/02/2015	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/08/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 67 year old female, who sustained an industrial injury on 03/15/2010. She has reported injury to the left hip and left knee. The diagnoses have included chronic pain syndrome; chronic hip pain; chronic knee pain; ankle arthritis; and postlaminectomy syndrome, lumbar region. Treatment to date has included medications, diagnostics, injections, bracing, intrathecal pump, and surgical interventions. Medications have included Oxycodone, Trazodone, Protonix, and Dilaudid. A progress report from the treating physician, dated 07/15/2014, documented an evaluation with the injured worker. The injured worker reported chronic left hip pain; she is home-bound; and she only leaves the house for medical appointments and this is a burden for her. Objective findings included chronically taking high risk opioid medications; she requires close and careful monitoring; and she meets criteria for home infusion services to refill intrathecal pump (Pentec). The treatment plan has included the request for home health nurse to refill pump, status post op.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH NURSE TO REFILL PUMP, STATUS POST OP: Overturned

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

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

Decision rationale: Regarding the request for home health care, California MTUS states that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, and 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. Within the documentation available for review, there is documentation that the patient is homebound. Furthermore there is documentation of specialized home care in the form of skilled nursing care to refill an implanted, intrathecal pain pump. These cannot be reasonably be expected to be filled by anyone other a skilled provider. Thus the currently requested home health care is medically necessary.