MAXIMUS Federal Services

Case Number:	CM14-0147390		
Date Assigned:	09/15/2014	Date of Injury:	10/11/1996
Decision Date:	12/18/2015	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/10/2014

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [redacted] beneficiary who has filed a claim for chronic low back, hip, and thigh pain reportedly associated with an industrial injury of October 11, 1996. In a Utilization Review report dated August 20, 2014, the claims administrator failed to approve a request for 32 Home Health aide visits. The claims administrator referenced an August 13, 2014 office visit in its determination. The applicant's attorney subsequently appealed. On work status report dated August 13, 2014, it was acknowledged that the applicant was a qualified injured worker, suggesting the applicant was not, in fact, working with permanent limitations in place. Home health services were sought. The work status was quite difficult to follow. The request in question represented a request for continued home health services, the treating provider reported. Little-to-no narrative commentary accompanied the request for authorization. It was not stated precisely what home health services were being requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

32 Home Health aide visits (4 hrs/day, 2 days/week for 4 months): 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

Decision rationale: No, the request for 32 Home Health aide visits was not medically necessary, medically appropriate, or indicated here. As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, Home Health services are recommended only to deliver otherwise recommended medical treatment to applicants who are home bound. Here, however, little-to-no narrative accompanied the August 13, 2014 RFA form. There was no mention of the applicant's being home bound. Page 51 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that homemaker services such as cooking, cleaning, shopping, and the like do not constitute medical treatment. Here, it was not clearly stated precisely what services were being sought, suggesting that the services in question represented a request for assistance with activities of daily living, i.e., services which do not constitute medical treatment, per page 51 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.