

Case Number:	CM14-0178108		
Date Assigned:	10/31/2014	Date of Injury:	10/21/1998
Decision Date:	01/02/2015	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/28/2014

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for knee, hip, and leg pain reportedly associated with an industrial injury of October 21, 1998. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated October 3, 2014, the claims administrator failed to approve a request for home health care nurse seven days a week for eight hours. The applicant's attorney subsequently appealed. In a progress note dated September 3, 2014, the applicant reported profound weakness about the left lower extremity which the applicant stated made it difficult for him to perform activities of daily living. The applicant had some evidence of broken-down skin about the left lower leg. The applicant was status post a total hip arthroplasty about the left hip, had issues with left knee arthritis, and had developed some skin breakdown about the left leg. The applicant was given a corticosteroid injection to the knee, intramuscular Toradol injection, and a vitamin B12 injection. Home exercises and home health care were sought. It was stated that home health care was being sought for the purposes to assist the applicant getting in and out of the bathtub.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home healthcare male nurse 7 days per week for 8 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services.

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

Decision rationale: As noted on page 51 of the California MTUS Chronic Pain Medical Treatment Guidelines, home health services are recommended only to deliver otherwise recommended medical treatment in applicants who are home bound. Medical treatment, per page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, does not include home maker services such as personal care given by home health aides, such as the bathing at issue, when this is the only care needed. In this case, the attending provider did suggest that he intended for the home health aide to exclusively deliver assistance with activities of daily living, such as bathing and toileting. Such services are not covered as stand-alone services, per page 51 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.