

Case Number:	CM14-0190155		
Date Assigned:	11/21/2014	Date of Injury:	09/11/2010
Decision Date:	01/09/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/14/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 patient with a date of injury of September 11, 2010. A utilization review determination dated October 29, 2014 recommends non certification of home health. A progress report dated July 22, 2014 includes subjective complaints of bilateral shoulder pain, low back pain, and right knee pain. The patient reports pain, numbness, and tingling of the right hand. The patient's wrist symptoms are awakening her at night. Objective examination findings reveal slightly reduced range of motion in the cervical spine, reduced range of motion in the wrists, and slightly reduced strength in the upper extremities. The diagnoses include right rotator cuff tear, bilateral wrist internal derangement, lumbar disc syndrome, left knee medial meniscal tear, and left ankle tendinitis. The treatment plan recommends surgical intervention for the right foot, consideration for right shoulder arthroscopy, electrodiagnostic testing, medication refills, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health 4 hours per day, Monday-Friday: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OGD Pain, Home Health Services

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51 of 127.

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 home bound, 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 no documentation that the patient is home bound and in need of specialized home care (such as skilled nursing care, physical, occupational, or speech-language therapy) in addition to home health care. In the absence of such documentation, the currently requested home health care is not medically necessary.

Bed: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & Leg, Durable medical equipment (DME)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Pain Chapter, Mattress selection

Decision rationale: Regarding the request for a bed, California Medical Treatment Utilization Schedule (MTUS) does not contain criteria for the purchase of bedding. Official Disability Guidelines (ODG) guidelines state that there are no high-quality studies to support purchase of any type of specialized mattress or bedding as a treatment for pain. Within the documentation available for review, the requesting physician has not included any compelling peer-reviewed scientific literature supporting the use of any specific bed for the treatment of the patient's diagnoses. Additionally, it is unclear why the patient would be unable to get out of his own bed following the authorized surgical procedure, and why other sleeping arrangements would be inadequate to address any functional limitations he may have postoperatively. In the absence of clarity regarding those issues, and in the absence of guideline support for the purchase of any mattress or bed, the currently requested bed is not medically necessary.