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| Case Number: | CM14-0196048 | | |
| Date Assigned: | 12/04/2014 | Date of Injury: | 10/02/1986 |
| Decision Date: | 02/04/2015 | UR Denial Date: | 10/29/2014 |
| Priority: | Standard | Application Received: | 11/24/2014 |

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 Internal Medicine, has a subspecialty in Hospice/Palliative Medicine and is licensed to practice in Pennsylvania. 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 72-year-old woman with a date of injury of 10/02/1986. The submitted and reviewed documentation did not identify the mechanism of injury. A treating physician note dated 09/11/2014 indicated the worker was experiencing right lower back, hip, thigh, and knee pain that was nearly fully resolved with physical therapy but returned to the baseline intensity afterwards. The documented examination described right hip swelling. The submitted and reviewed documentation concluded the worker was suffering from right leg radiculopathy after lower back surgeries, right leg deconditioning and weakness, and blindness. Treatment recommendations included additional physical therapy, additional home health services for a year, and follow up care. A Utilization Review decision was rendered on 10/29/2014 recommending non-certification for four hours daily for four days weekly (sixteen hours weekly) of home health services for a year. Physical therapy notes dated 10/21/2014 were also reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Care, 4 hours a day, 4 days a week for 1 year: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS Guidelines recommend the use of home health services for those who are homebound and for a maximum of thirty-five hours per week. The worker must have a skilled need, not just require homemaker assistance. The documentation concluded the worker suffered from right leg radiculopathy after lower back surgeries, right leg deconditioning and weakness, and blindness. There was no discussion sufficiently detailing the worker's homebound status, unmet skilled medical needs, or special circumstances that would sufficiently support the need for these services. Furthermore, the request for services for a year does not account for potential changes in the worker's overall health or treatment needs. For these reasons, the current request for four hours daily for four days weekly (sixteen hours weekly) of home health services for a year is not medically necessary.