MAXIMUS Federal Services

Case Number:	CM14-0197304		
Date Assigned:	12/05/2014	Date of Injury:	02/03/1999
Decision Date:	01/29/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	11/25/2014

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 Rehab 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 patient was seen in physician follow-up on 10/08/2014. At that time the patient was seen regarding chronic low back pain in the setting of lumbar degenerative disc disease with radiculopathy and lumbar facet arthropathy and osteoarthritis of the knee. The patient was also being treated for depression. On presentation the patient was depressed about everything and was crying and seemed to be overwhelmed. The patient requested psychiatric treatment as well as a gym membership for aquatic therapy. The patient requested a caregiver to help him since he could not drive and was so limited in his function. The treating physician prescribed oxycodone, Benadryl, fentanyl patch, and Zanaflex. The current request is assistance for monthly office visits. An initial physician review noted that the medical guidelines do not include homemaker services such as shopping, cleaning, laundry, and personal care, and this is the only care needed and thus medical necessity was not established.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 assistant for monthly office visits: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Transportation

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on home health services, state that home health services are recommended only for medical treatment and the medical treatment does not include other nonmedical items. Assistance with transportation to a physician visit by definition is part of medical treatment, and therefore this request is supported by the treatment guidelines. Additionally, the Official Disability Guidelines/Treatment in Workers Compensation discusses transportation in the section on the knee, noting that transportation to appointments is recommended for patients with disabilities preventing them from self-transport. The medical records indicate that this patient has a combination of physical and mental health diagnoses which would appear to prevent the patient from self-transport. Therefore, by this guideline as well, the request for transportation is supported by the guidelines. This request is medically necessary.