

Case Number:	CM15-0004116		
Date Assigned:	01/14/2015	Date of Injury:	02/27/2006
Decision Date:	03/10/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/07/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 injured worker is a 60 year old male carpenter who sustained an industrial injury when he fell 12 feet injuring his right ankle, right knee and his right hand which was impaled on rebar on February 27, 2006. He underwent right hand debridement and repair, ankle surgery x 5 complicated by MRSA (no dates or procedures documented), a right knee arthroscopy and ultimately a right knee replacement in February 2013. Prior to the knee replacement, the injured worker was exiting his truck when his knee buckled and he fell injuring his back. After failed conservative treatment for his back, he underwent a 3 level lumbar fusion. The patient was diagnosed with low back syndrome, erectile dysfunction and depression. The patient continues to experience aching and burning to the lumbar spine radiating to the right lower extremity, knee and ankle pain. Current medications consist of Trazadone, Wellbutrin, Ibuprofen, Terocin, Cyclobenzaprine, Tramadol, and Cymbalta. The injured worker is Permanent & Stationary (P&S). The treating physician requested authorization for Home Health Care 3-4 hours 7 days a week. On December 31, 2014 the Utilization Review denied certification for Home Health Care 3-4 hours 7 days a week. According to the Utilization Review determination letter the Medical Treatment Utilization Schedule (MTUS) does not address Home Health Care therefore alternative evidence based guidelines were used in the decision process.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care 3-4 hours 7 days a week: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain section, Home healthcare services

Decision rationale: Pursuant to the Official Disability Guidelines, home healthcare services 3 to 4 hours, seven days a week are not medically necessary. Home health services are recommended on a short-term basis following major surgical procedures or inpatient hospitalizations, to prevent hospitalization, or to provide longer term nursing care and supportive services for those whose condition is such that they would otherwise require inpatient care. Home healthcare is the provision of medical and other health care services to the injured or ill person in their place of residence. These services include both medical and nonmedical services for patients who are confined to the home (homebound) and who require: skilled nursing care by a licensed medical professional; and/or personal care for health-related tasks and assistance with activities of daily living that do not require skills of a medical professional. Domestic services such as shopping, cleaning and laundry that the individual is no longer capable of performing due to illness or injury may also be medically necessary in addition to skilled and/or personal care services. The justification for medical necessity requires documentation of: the medical condition that necessitates homecare services including objective deficits in function and specific activity; the expected cards of services that will be required with an estimate of duration and frequency; a level of expertise required; whether the individual is homebound; etc. In this case, the documentation in an October 23, 2014 progress note does not address home healthcare services. The October 23, 2014 progress note addresses subjective complaints of low back pain, knee and ankle pain. Objectively, the patient stands erect. A neurologic evaluation was normal in the bilateral lower extremities. Reflexes were symmetric. Medications were not documented. The utilization review dated December 11, 2014 indicates in burning to the lumbar spine radiating down the right lower extremity. Objectively, decreased range of motion and tenderness for the diagnosis of low back pain. The documentation does not state the injured worker was homebound. The documentation does not indicate the injured worker required skilled services. The documentation does not indicate the injured worker required assistance. The request for authorization for home healthcare services was December 11, 2014. The December 11, 2014 progress note was not in the medical record. Consequently, absent clinical documentation with a clinical indication and clinical rationale for home healthcare services, home healthcare services 3 to 4 hours, seven days a week are not medically necessary.