

Case Number:	CM15-0100734		
Date Assigned:	06/03/2015	Date of Injury:	08/27/2001
Decision Date:	07/01/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/26/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This 51-year-old male sustained an industrial injury via cumulative trauma from 8/27/01 to 8/27/02. The injured worker was currently receiving treatment for diabetes mellitus with diabetic neuropathy, diabetic auditory neuropathy with decreased hearing in both ears and proliferative diabetic retinopathy as well as a left foot plantar wart. Past medical history was significant for hypertension, right iliac artery dissection and kidney failure status post pancreatic and unilateral kidney transplant. In January 2015, the injured worker suffered a spontaneous right foot fracture and wore a CAM walker for two months. In a PR-2 dated 3/17/15, the injured worker reported inability to perform household chores due to reduced vision and energy. The injured worker was unable to clean his hearing aids due to reduced vision. The injured worker continued to check his own blood sugar at home. The injured worker lived by himself and was requesting help at home. Current diagnoses included diabetes mellitus, hyperlipidemia, history of hypertension, renal and pancreas allografts (5/2012), gastroesophageal reflux disease, gynecomastia, bilateral hearing loss, left cataract surgery, diabetic retinopathy, bilateral cystic macular degeneration, diabetic peripheral neuropathy, erectile dysfunction, migraines, probable T. Corporis rash on the chest, osteoporosis, sleep disorder, left foot plantar wart, glaucoma and tremor. The treatment plan included a formal home health evaluation to determine the type of assistance that the injured worker required at home, reducing Vitamin D3 dosage, continuing medications (Alendronate, Arava, Tacrolimus, Januvia, Prednisone, Nexium, Atorvastatin, Aspirin, Restasis, Cosopt PF, calcium, Vitamin K2 and Levothyroxine, continuing to monitor blood glucose levels and a neurology consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health aide 2 hrs, 1 week (total of 8 hrs/month): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter, Home Health Services.

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

Decision rationale: According to MTUS guidelines, "Recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. 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. (CMS, 2004)" The patient does not fulfill the requirements mentioned above. There is no documentation that the patient recommended medical treatment requires home health aide. Therefore the request for Home health aide 2 hrs, 1 week (total of 8 hrs/month) is not medically necessary.

L.V.N. 1 hour every 2 weeks (total of 2 visits a month): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter, Home Health.

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

Decision rationale: According to MTUS guidelines, "Recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. 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. (CMS, 2004)" The patient does not fulfill the requirements mentioned above. There is no documentation that the patient recommended medical treatment requires home health aide. Therefore, the request for L.V.N. 1 hour every 2 weeks (total of 2 visits a month) is not medically necessary.

MSW assessment x 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter.

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

Decision rationale: There is no documentation supporting the need for a social worker in this case. There are no complex medical or psychological issues requiring social work assistance. Therefore, the request is not medically necessary.