MAXIMUS Federal Services

Case Number:	CM15-0102557		
Date Assigned:	06/04/2015	Date of Injury:	08/07/2000
Decision Date:	07/07/2015	UR Denial Date:	05/02/2015
Priority:	Standard	Application Received:	05/28/2015

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
Certification(s)/Specialty: Preventive Medicine, Occupational 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 72-year-old male with an industrial injury dated 08/07/2000. His diagnoses included pump pocket wound, lumbar degenerative disc disease with facet pain and left sacral 1 radiculopathy. Prior treatments included pain pump and medications. He presents on 04/08/2015 with complaints of pain at site of pump reservoir pocket wound. Upon arrival the injured worker was diaphoretic and in moderate distress. The bandage was saturated with serosanguinous drainage. The packing was removed and the wound was dry and not actively bleeding. The pump pocket was irrigated and gently debrided with saline and peroxide using sterile q-tips, then packed with iodoform gauze. There was two plus bilateral lower extremity edema of the lower extremities. The requested treatments are one in home wound care with wound vacuum and infectious disease care. Other requests not listed on the application were for Hydrocodone, Hydromorphone and Lorazepam.

IMR ISSUES, DECISIONS AND RATIONALES

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

One in home wound care with wound vac and infectious disease care: 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), Pain (Chronic): Home health services (2015).

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

Decision rationale: The MTUS Guidelines recommend home health services only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis. 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. This request is for homemaker services and not for medical treatment. The injured worker was recently hospitalized for an infection of his intrathecal pump. He underwent debridement of the pump on 4/19/15. He was certified for a home health aide for wound care and vac management for 2 weeks on 4/30/15. This appears to be a duplicate request as there is no rationale in the available records for an extension of home health services. The request for one in home wound care with wound vac and infectious disease care is determined to not be medically necessary.