

Case Number:	CM15-0103734		
Date Assigned:	06/08/2015	Date of Injury:	03/03/1997
Decision Date:	07/09/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	05/29/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 57 year old female, who sustained an industrial injury on 3/3/97. The injured worker was diagnosed as having bilateral peripheral axonal neuropathies, seizure disorder, post brain abscess, diabetes, chronic pain syndrome, depression, severe pruritis, back pain, moderate obesity, and osteoporosis. Treatment to date has included physical therapy, acupuncture, home exercise, the use of a walker, the use of a wheelchair, and medication. A report dated 3/3/15 noted attendant care in the morning helps the injured worker with housekeeping and meal preparation. Currently, the injured worker complains of difficulty walking and she has nearly fallen 3-4 times. Headaches and pruritis were also noted. The treating physician requested authorization for home attendant care x24 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home attendant care (hours) #24: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

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 was experiencing headaches, neck pain, itching, and problems walking. These records suggested the worker needed assistance with housekeeping and meal preparation. 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. Further, the requested amount of time was nonspecific, which limits the ability to determine medical need as supported by the Guidelines. For these reasons, the current request for home attendant care assistance for a total of 24 hours is not medically necessary.