

Case Number:	CM15-0103930		
Date Assigned:	06/08/2015	Date of Injury:	08/31/2010
Decision Date:	07/16/2015	UR Denial Date:	05/28/2015
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: North Carolina
 Certification(s)/Specialty: Family Practice

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 32 year old female, who sustained an industrial injury on 08/31/2010. The injured worker was noted to have slipped open a clear floor mat and injuring her left foot after dropping a CPU on it. On provider visit dated 05/09/2015 the injured worker has reported neck pain, midback pain, bilateral leg pain a right knee pain and left foot pain. She was noted to have difficulty with activities of daily living. She was noted to not be able to ambulate without crutches. On examination she was noted to have pain when tapping upper extremities with the reflex hammer which was noted to be unusual response. Tenderness to palpation was noted over the spinous processes at T8 and T9 and from L3 to the sacrum. Decreased range of motion during the supine test was noted. Left foot revealed a well healed incision but was noted to be tenderness. Tenderness over the dorsal part of the foot and a decreased range of motion was noted as well. The diagnoses have included chronic pain, left foot regional nerve pain and reflex sympathetic nerve syndrome. Treatment to date has included medication, functional storage program, and surgical intervention. The provider requested home health aide and motorized scooter.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Care Assistance: Upheld

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

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

Decision rationale: The California MTUS section on home health services states: Home health services 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 request does not specify the amount of time and therefore is not medically necessary.

Motorized scooter: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines powered mobility devices Page(s): 99.

Decision rationale: The California MTUS section on powered mobility devices states: Power mobility devices (PMDs) not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient has sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair. Early exercise, mobilization and independence should be encouraged at all steps of the injury recovery process, and if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care. Criteria for use have not been met in the provided documentation for review and therefore the request is not medically necessary.