

Case Number:	CM15-0015815		
Date Assigned:	03/04/2015	Date of Injury:	02/07/1988
Decision Date:	04/13/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	01/27/2015

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: Physical Medicine & Rehabilitation

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 66-year-old female who reported an injury on 02/07/1988. The mechanism of injury was not specifically stated. The injured worker maintains diagnoses of long term use of immunosuppressant medication, abdominal fluid collection, and status post liver transplant on 12/11/2014, immunosuppression, and abdominal pain. The latest physician progress report submitted for this review is documented on 01/06/2015. It was noted that the injured worker reported postoperative pain. The injured worker was treated with steroids, Cellcept, and Tacrolimus. Upon examination, there was no evidence of tenderness, ascites, or hepatosplenomegaly. The injured worker was alert and oriented. The injured worker had a normal mood and affect. The injured worker's wound was well healed without evidence of a hernia. It was noted that the injured worker's liver function tests were primarily within normal limits; however, there was a slight elevation of alkaline phosphatase. A follow-up ultrasound to check tube placement and fluid collection was recommended. It was also noted that the injured worker required laboratory monitoring on a twice weekly basis. There was no request for authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intermittent registered nurse home care 2-3 times a week (duration not included): Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend home health services only for otherwise recommended medical treatment for patients who are homebound on a part time or intermittent basis. In this case, there was no indication that the injured worker was homebound. There was no clear rationale provided for home health services. The specific type of services required for this injured worker was not listed. The California MTUS Guidelines state medical treatment does not include homemaker services or personal care. As the medical necessity has not been established in this case, the request is not medically appropriate.

Home Health Aid daily 8-12 hours (duration not indicated): Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend home health services only for otherwise recommended medical treatment for patients who are homebound on a part time or intermittent basis. In this case, there was no indication that the injured worker was homebound. There was no clear rationale provided for home health services. The specific type of services required for this injured worker was not listed. The California MTUS Guidelines state medical treatment does not include homemaker services or personal care. As the medical necessity has not been established in this case, the request is not medically appropriate.