

Case Number:	CM15-0135481		
Date Assigned:	07/23/2015	Date of Injury:	11/30/2010
Decision Date:	08/20/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/13/2015

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 48 year-old female, who sustained an industrial injury on 11-30-2010. Initial complaints and diagnosis were not clearly documented. On provider visit dated 06-30-2015 the injured worker has reported increased secretions for trach stoma site, increased shortness of breath and low grade fever with increased weakness in her joint. And reported falling a few times at home when no help is available to help her ambulate or suction herself. On examination of the trach stoma was noted to have redness around and greenish colored secretions. Chest was noted to have rhonchi. The diagnoses have included gait instability with increasing weakness in joints and chronic respiratory failure with trach in place and acute tracheobronchitis. Treatment to date has included medication. The provider requested 24 hour per day caregiver at home.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 Hour per day caregiver at home: Upheld

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

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

Decision rationale: The California MTUS section on home health states: 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 is in excess of the maximum amount of hours recommended for home health. The request is therefore not medically necessary.