MAXIMUS Federal Services

Case Number:	CM15-0136251		
Date Assigned:	07/24/2015	Date of Injury:	02/28/2013
Decision Date:	08/25/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/14/2015

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: Texas, New York, 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 applicant is a represented 35-year-old who has filed a claim for chronic low back, shoulder, and neck pain reportedly associated with an industrial injury of February 28, 2013. In a Utilization Review report dated June 12, 2015, the claims administrator failed to approve a request for a home health aide. The claims administrator referenced an April 30, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On a July 31, 2015 RFA form, physical therapy, three lumbar epidural steroid injections, Voltaren gel, Neurontin, lumbar and cervical MRI imaging, urine drug testing, and the home health care at issue were all sought. In an associated progress note dated July 31, 2015, the applicant reported multifocal complaints of neck, shoulder, low back, wrist, and hand pain with derivative complaints of depression, anxiety, and insomnia. Home health services were endorsed at a rate of 30 hours a week. It was not stated precisely what home health services were being sought. The applicant was placed off of work, on total temporary disability, while Neurontin and Voltaren gel were renewed. Multiple MRI studies were sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care 6 hrs day/5 days a week: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 91, Chronic Pain Treatment Guidelines Home health services.

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

Decision rationale: No, the request for home health care at a rate of six hours a day and five days a week is not medically necessary, medically appropriate, or indicated here. As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, home health services are recommended only to deliver otherwise recommended medical treatment to applicants who are homebound. Medical treatment, page 51 of the MTUS Chronic Pain Medical Treatment Guidelines notes, does not include homemaker services such as shopping, cleaning, laundry, bathing, dressing, etc. Here, however, the attending provider's July 31, 2015 progress note and associated RFA form of the same date did not clearly state what home health services were being sought. It did not appear that the applicant was in need of any kind of medical treatment which should only be delivered by a home health nurse. There was no mention of the applicant's being homebound or bedbound on that date. Therefore, the request is not medically necessary.