

Case Number:	CM15-0136866		
Date Assigned:	08/18/2015	Date of Injury:	06/01/2009
Decision Date:	10/13/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/15/2015

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: New York

Certification(s)/Specialty: Internal 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 66-year-old female with an industrial injury dated 06-01-2009. The injured worker's diagnosis includes disorders of the diaphragm. Treatment consisted of diagnostic studies, prescribed medications, home care assistance, and periodic follow up visits. In a progress note dated 04-23-2015, the treating physician reported that the injured worker had been stable without worsening shortness of breath, chest pain, cough, wheezing or sputum production. Documentation noted that the injured worker lives alone with four hours per week of home support and assistance. Objective findings revealed regular heart rate and rhythm, clear lungs and tense pedal edema with no cellulitis or breakdown. The treatment plan consisted of medication management, home assistance, physician visits, oxygen treatment, personal alert system and laboratory studies. The treating physician prescribed one indefinite home care assistance-attendant care for 4 hours and twice per week to include cleaning, meal preparation and transportation and 1 physician visit every 4 to 6 weeks, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 indefinite home care assistance/attendant care for 4 hours and twice per week to include cleaning, meal preparation and transportation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefits Manual (Rev. 144, 05-06-11) Chapter 7- Home health services; section 50.2 (Home health aide services).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014: Home Services.

Decision rationale: Home health services are recommended on a short-term basis following major surgical procedures or in-patient hospitalization, to prevent hospitalization, or to provide longer-term in-home medical care and domestic care services for those whose condition is such that they would otherwise require inpatient care. Home health care is the provision of medical and other health care services to the injured or ill person in their place of residence. Home health services include both medical and non-medical services deemed to be medically necessary for patients who are confined to the home (homebound) and who require one or all of the following: (1) Skilled care by a licensed medical professional for tasks including, but not limited to, administration of intravenous drugs, dressing changes, occupational therapy, physical therapy, and speech-language pathology services; and/or (2) Personal care services for tasks and assistance with activities of daily living that do not require skills of a medical professional, such as bowel and bladder care, feeding, bathing, dressing and transfer and assistance with administration of oral medications; and/or (3) Domestic care services such as shopping, cleaning, and laundry that the individual is no longer capable of performing due to the illness or injury that may also be medically necessary in addition to skilled and/or personal care services. Domestic and personal care services do not require specialized training and do not need to be performed by a medical professional. In this case, there is no documentation of any patient's family or support system that is not able to assist in the patient's recovery. In addition, there is no documentation indicating need for indefinite home care services. At this time, the medical records do not establish the medical necessity for the requested indefinite home care services/attendant care. The requested services are not medically necessary.

1 physician visit every 4 to 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pulmonary: Office visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014: Physician follow-up visits.

Decision rationale: The need for a clinical office visit with a health care provider is individualized based on the review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. In this case, the patient has chronic conditions of oxygen dependent COPD and DVT on chronic anti-coagulation therapy and there is documentation of regular physician follow-up. There is no specific documentation from the patient's provider necessitating office follow up every 4 to 6 weeks. Medical necessity for the requested follow-up visits is not established. The requested follow-up visits are not medically necessary.