

Case Number:	CM15-0147504		
Date Assigned:	08/10/2015	Date of Injury:	09/15/1998
Decision Date:	09/10/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/29/2015

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: 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 61-year-old who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of September 15, 1998. In a Utilization Review report dated June 25, 2015, the claims administrator failed to approve a request for 66 home health care visits. The claims administrator referenced an RFA form received on June 15, 2015 and an associated progress note of June 12, 2015 in its determination. The applicant's attorney subsequently appealed. In an RFA form dated March 13, 2015, the attending provider suggested that the applicant continue receiving home health services at a rate of three hours a day for ongoing issues with generalized body pain and fibromyalgia. In an associated progress note dated February 23, 2015, the applicant reported multifocal complaints of neck, low back, and shoulder pain. The applicant had undergone earlier failed shoulder surgery. The applicant was on Percocet and Lidoderm patches. Permanent work restrictions were renewed. It did not appear that the applicant was working with said limitations in place, although this was not explicitly stated. On June 12, 2015, the attending provider stated that the applicant was reliant on a home health aide to perform activities of self-care, including meal preparation and household cleaning. The attending provider stated that the applicant had had an Agreed Medical Evaluation (AME) granting her the services. Multiple medications were renewed, as were the applicant's permanent work restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

66 Home health care visits, Monday through Friday for 3 hours a day: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -Neck and Upper Back (Acute & Chronic) 2014.

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

Decision rationale: No, the request for 66 home health care visits at a rate of three hours a day was 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. Here, however, there was no compelling evidence that the applicant was in fact homebound. Page 51 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that medical treatment does not include homemaker services such as shopping, cleaning, laundry, personal care, i.e., the services being sought here. The attending provider reported on June 12, 2015 that he intended for the health aide to deliver meal preparation services and household cleaning services, i.e., services which do not constitute medical treatment, per page 51 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.