

Case Number:	CM15-0162815		
Date Assigned:	08/31/2015	Date of Injury:	05/26/2011
Decision Date:	09/30/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/19/2015

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, Pain Management

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 53 year old female who sustained an industrial injury on 5-26-11. Her initial complaints and the nature of the injury are unavailable for review. The 7-6-15 pain management progress record indicates her diagnoses include pin in joint of lower leg, reflex sympathetic dystrophy not otherwise specified, post-lumbar laminectomy syndrome, chronic liver disease, not otherwise specified, disc displacement of thoracic and lumbar spine, and thoracic or lumbosacral neuritis or radiculitis, not otherwise specified. She presented to the office on 7-6-15 for a routine follow-up visit. The report indicates that she was last seen on 5-18-15. However, a progress note is available from 6-23-15. She complained of bilateral knee pain and stated that she is "having a bad time at home and her health care". The report indicates that her pain level was "unchanged" since her last visit and her activity level has "remained the same". The report states that she was not receiving "any form of therapy" and was "not involved in any form of exercise". She was noted to be taking medications as prescribed, which was noted as being effective. The report states "Since last visit, quality of life has remained the same". She was noted to be receiving twenty-seven different medications. The progress record indicates that her mental status was "confused". The treatment plan indicates that she has "been having quite a bit of pain lately" and a recommendation of Gabapentin dosage increase was made. A referral to an orthopedic surgeon was recommended for evaluation of possible revision joint arthroplasty. A Home Health care request was made for 8 hours per day, 5 days per week, as she was noted to be wheelchair bound and required help with meals and activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care, 8 hours a day for unspecified duration per 7/6/15 order, QTY: 40:
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 Home health services Page(s): 51.

Decision rationale: Regarding the request for home health care, California MTUS states that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, and 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. Within the documentation available for review, there is documentation that the patient is homebound. However, there is no indication that the patient is in need of specialized home care (such as skilled nursing care, physical, occupational, or speech-language therapy). The patient will likely need custodial care which is typically not a covered benefit. As such, the currently requested home health care is not medically necessary.