

Case Number:	CM15-0188215		
Date Assigned:	09/30/2015	Date of Injury:	08/06/2002
Decision Date:	11/09/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/24/2015

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

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, who sustained an industrial injury on 8-6-2002. A review of the medical records indicates that the injured worker is undergoing treatment for cervicothoracic strain-arthrosis-discopathy with central and foraminal stenosis, thoracic strain-arthrosis, bilateral shoulder adhesive capsulitis, bilateral carpal tunnel syndrome, left long trigger finger, lumbosacral strain-arthrosis-discopathy, right ankle strain-arthrosis, psychiatric complaints, and internal medicine complaints. On 7-30-2015, the injured worker reported a bit of an asthmatic or pulmonary problem that she would be seeing her physician for later in the day, with increased low back pain. The Primary Treating Physician's report dated 7-30-2015, noted the injured worker on Coumadin for her lifetime, with the injured worker using a walker, and on oxygen. The injured worker was noted to have low back and left leg pain when she attempts to raise her leg. Prior treatments have included physical therapy, left shoulder Cortisone injection, 3 lumbar epidural injections, splinting, acupuncture, and medications including Celebrex, Naprosyn, and Norco. Per the supplemental report dated 6-26-2015, the injured worker received home health assistance twice a week for 4 hours each day and would require this assistance indefinitely. The documentation did not include notes from the home health agency or documentation of the assistance required. The treatment plan was noted to include notation that the injured worker was permanent and stationary, continued use of Soma and hydrocodone, remain on a home exercise program (HEP), and "pain management and maximizing the patient's safety with DME, that she has the best success for ongoing maintenance of her complaints." The injured worker was noted to be retired. The request for authorization dated 9-1-2015, requested an unknown home health care aide 8 hours per week. The Utilization Review (UR) dated 9-10-2015, non-certified the request for an unknown home health care aide 8 hours per week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown home health care aide 8 hours per week: 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, Rev 05/06/11), Chapter 7 - Home Health Services; section 50.2 (Home Health Aide Services).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

Decision rationale: MTUS and Medicare guidelines support home health for patients who are homebound requiring intermittent skilled nursing care or home therapy and do not include homemaker services such as cleaning, laundry, and personal care. The patient does not meet any of the criteria to support this treatment request and medical necessity has not been established. Submitted reports have not adequately addressed the indication or demonstrated the necessity for home health. The patient does not appear homebound as the patient attends office visits independently without person assist. There is no specific deficient performance issue evident as it is reported the patient has no documented deficiency with the activities of daily living. It is unclear if there is any issue with family support. Reports have unchanged chronic symptoms without clear progressive neurological deficits identified for home therapy. Submitted reports have not demonstrated support per guidelines criteria for treatment request. The Unknown home health care aide 8 hours per week is not medically necessary and appropriate.