

Case Number:	CM15-0194746		
Date Assigned:	10/08/2015	Date of Injury:	11/01/2008
Decision Date:	11/20/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/05/2015

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: Washington, 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 injured worker is 67 year old male who sustained an industrial injury 11-01-08. A review of the medical records reveals the injured worker is undergoing treatment for multiple neurologic complaints, headaches, diabetic peripheral neuropathy, sleep apnea, diabetes, hypertension, psychiatric complaints, chronic neck and shoulder pain, chronic renal insufficiency, dementia, adjustment disorder with mixed mood, chronic widespread pain, possible undifferentiated somatoform disorder, possible posterior fossa cerebrovascular accident, chronic left sided dystaxia and left partial hemiparesis. Prior treatment included medications, physical therapy, occupational therapy, and speech therapy. Medical records (08-25-15) revealed the injured worker complained of increased left-sided facial numbness, weakness, as well as left upper and lower extremity weakness. The physical exam revealed gait is slow, antalgic gait, and unstable with diffuse left upper and lower extremity weakness. He uses a walker and cane to ambulate. Facial expressions such as smiling, lifting his eyebrows, and sticking out his tongue revealed facial symmetry. The original utilization review (09-15-15) non-certified the request for home health assistance 4 hours per day, 7 days per week for 6 months, as well as a reclining lift chair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Care Assistance Visits (4 Hours Per Day/ 7 Days Per Week (28 Hours Per Week) For 6 Months) #168: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefits Manual, Chapter 7 Home Health Services, Section 50.2 & 50.7.

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

Decision rationale: Home health care is a wide range of supportive health care services given in the patient's home for an illness or injury, frequently given to patients recovering from recent surgery or hospitalization. This service means medical professionals providing short-term nursing, rehabilitative, therapeutic, and assistive health care. Examples of skilled home health services include: wound care for pressure sores or a surgical wound, monitoring serious illness and unstable health status, or helping patient regain independence and become as self-sufficient as possible. The MTUS does recommend its use for homebound individuals but not for routine personal care activities such as bathing, dressing or using the bathroom nor for homemaker activities such as shopping, cleaning or laundry. However, when needed, it should be utilized on an intermittent basis, no more than 35 hrs per week. This injured workers need is for supportive custodial care due to his weakness and dementia. The medical records did not documented a need for short-term nursing, rehabilitative, therapeutic, or assistive health care and thus does not meet the definition in the MTUS for Home Health Care. Medical necessity has not been established. The request is not medically necessary.

1 Reclining Lift Chair: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Alexander NB, Koester DJ, Grunau JA. Chair Design Affects How Older Adults Rise from a Chair. J Am Geriatr Soc 44:356-362, 1996.

Decision rationale: Reclining lift chairs are chairs that can recline fully to allow sleep and have a powered lifting mechanism that pushes the entire chair up from its base to assists the user in leaving the chair into a standing position. These chairs are recommended for use by the elderly, infirm, or disabled to aid there mobility and promote independence. Its use is not commented on by the MTUS guidelines nor the Official Disability Guidelines. In fact, a search of the National Guideline Clearinghouse web site did not identify any guidelines that describe their use. Further search did not identify scientific studies or medical trials for use of a lift chair to augment disabled persons activities of daily living nor compare other durable medical equipment for helping patients in or out of a sitting position. This injured workers need is for supportive care for activities of daily living. The medical records did document a need for help in getting into and out of the sitting/laying position and the provider recommended a reclining lifting device as the best means of achieving improvement in the injured worker's activities of daily living. At this point in the care of this injured worker medical necessity for use of reclining life chair has been established. The request is not medically necessary.