

Case Number:	CM15-0204219		
Date Assigned:	10/21/2015	Date of Injury:	12/18/2002
Decision Date:	12/08/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/17/2015

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 58-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of December 18, 2002. In a Utilization Review report dated September 25, 2015, the claims administrator failed to approve a request for unknown home health visits at a rate of four hours a day, three days a week, and a V/Q unit. Pain management consultation was approved. A September 15, 2015 office visit was referenced in the determination. On September 15, 2015, the applicant reported ongoing complaints of bilateral knee pain, 7 to 8/10. The note compromised, in large part, preprinted checkboxes. Ancillary complaints of low back pain were reported. The applicant was to employ a lumbar support. A V/Q unit (AKA interferential stimulator) was seemingly ordered on a purchase basis. The applicant also received refills of Dulcolax, Amitiza, and Atarax, it was reported. There was no mention of the applicant is having previously employed the interferential stimulator device (AKA V/Q unit) on a trial basis. It was not stated what the services the home-health aide was intended to deliver.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health visits for 4 hours per day and 3 days 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 (Re. 144, 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: No, the request for unknown home-health visits at a rate of 4 hours a day and 3 days a week for an unspecified amount of time 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 home bound. Here, the September 15, 2015 office visit was largely templated and had made no mention of the applicant is being homebound or bedbound. Page 51 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that medical treatment does not include homemaker services such as shopping, cleaning, laundry, and the like. Here, it was not clearly stated what services were being sought. The attending provider failed to furnish a frequency, duration, and/or quantity for said home health services. Therefore, the request was not medically necessary.

VQ unit avid type: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: Similarly, the request for a V/Q unit [purchase] was not medically necessary, medically appropriate, or indicated here. As noted on page 120 of the MTUS Chronic Pain Medical Treatment Guidelines, provision of interferential stimulator should be predicated on evidence of a favorable outcome during an earlier one-month trial of the same, with evidence of increased functional improvement, less reported pain, and medication reduction during said one-month trial. Here, however, the attending provider seemingly prescribed and/or dispensed the request in question on September 15, 2015 without having the applicant undergo a trial of the same. Therefore, the request was not medically necessary.