

Case Number:	CM15-0204264		
Date Assigned:	10/21/2015	Date of Injury:	12/20/2013
Decision Date:	12/08/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/19/2015

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: 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 56-year-old who has filed a claim for chronic neck, low back, and knee pain reportedly associated with an industrial injury of December 20, 2013. In a Utilization Review report dated October 1, 2015, the claims administrator failed to approve a request for an unspecified number of Home Health visit(s). The claims administrator referenced an RFA form received on September 24, 2015 and an associated progress note of September 3, 2015 in its determination. The claims administrator stated that the attending provider had sought authorization for Home Health services to deliver assistance with non-medical activities of daily living. The applicant's attorney subsequently appealed. On April 3, 2015, the attending provider stated that he in fact seeking Home Health services to deliver 24 hours a day, seven days a week service to assist the applicant perform cooking, cleaning, showering, bathing, grocery shopping, and traveling.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health visits: Upheld

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

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

Decision rationale: No, the request for Home Health visit(s) was not medically necessary, medically appropriate, or indicated here. As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guideline, Home Health services are recommended only to deliver otherwise recommended medical treatment to applicants who are homebound. Page 51 of the MTUS Chronic Pain Medical Treatment Guidelines notes, however, that medical treatment does not include home services such as shopping, cleaning, laundry, personal care, i.e., the services being sought here, as these services do not constitute to medical treatment. Here, the attending provider failed to furnish a clear or compelling rationale for pursuit of these services in the face of the MTUS position that such services do not constitute medical treatment. Therefore, the request was not medically necessary.