

Case Number:	CM15-0207210		
Date Assigned:	10/26/2015	Date of Injury:	02/10/1999
Decision Date:	12/08/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/21/2015

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: Montana, Oregon, Idaho

Certification(s)/Specialty: Orthopedic Surgery

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 69-year-old female, who sustained an industrial injury on February 10, 1999. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as status post fifteen orthopedic surgeries, probable anxiety and depression, insomnia, cognitive difficulties, cephalgia and dizziness, cervical radiculopathy, thoracic radiculopathy, lumbar radiculopathy, epigastric burning pain, chest pressure with claudication, weight loss of 40 pounds and uncontrolled hypertension. Treatment to date has included diagnostic studies, topical ointments, aquatic therapy and oral medication. On September 21, 2015, the injured worker reported increased pain in her hands and wrists. She also reported some pain in her lower legs and feet. Her numbness was noted to be worse at the left upper extremity. She stated that she had some difficulty with self-care and personal hygiene including bathing, brushing her teeth, dressing and combing her hair. She had difficulty with communication, standing, sitting, reclining, walking and climbing stairs. She also reported difficulty with writing, grasping, lifting, differentiating between what she touched and she is unable to type. The treatment plan included in-home care. On September 22, 2015, utilization review denied a request for additional home health services four hours a day at seven days a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Home Health Services (4 Hours/7 Days/4 Weeks): 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: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 51, Home Health Services are recommended only for medical treatment in patients who are home-bound on a part-time or intermittent basis. Medical treatment does not include homemaker services like shopping, cleaning, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Home health skilled nursing is recommended for wound care or IV antibiotic administration. There is no evidence in the records from 9/21/15 that the patient is home bound. There is no indication the worker requires wound care or home antibiotics. There are no other substantiating reasons why home health services are required. Therefore, based on the cited guidelines, the request is not medically necessary.