

Case Number:	CM15-0052065		
Date Assigned:	03/25/2015	Date of Injury:	08/05/2003
Decision Date:	05/01/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/19/2015

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 57-year-old who has filed a claim for chronic knee pain, shoulder pain, and wrist pain with derivative complaints of depression, anxiety, weight gain, and dyspepsia reportedly associated with an industrial injury of August 12, 2003. In a Utilization Review report dated March 12, 2015, the claims administrator failed to approve requests for a home help and pool program. The claims administrator referenced an RFA form received on March 4, 2015 and a clinical progress note of February 11, 2015 in its determination. The applicant's attorney subsequently appealed. On February 11, 2015, the applicant reported ongoing complaints of low back and left knee pain. A replacement knee brace, knee corticosteroid injection therapy, Norco, Lidoderm, Flexeril, Ativan, tramadol, LidoPro, Nalfon, Protonix, and Terocin were endorsed, along with a home help and pool program. The applicant was off work. The applicant had gained 100 pounds. The applicant was receiving Workers' Compensation indemnity and Social Security Disability Insurance (SSDI) benefits. It was suggested that the home help services were being sought for the purposes of performing chores around the house.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Home Help and Pool Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health services Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: No, the request for a home help and pool program 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 homebound. Medical services do not, per page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, include services such as the household chore seemingly being sought here. The attending provider seemingly suggested that the home help services was being sought to help the applicant perform household chores. The request, thus, is at odds with MTUS principles and parameters. Therefore, the request was not medically necessary.