

Case Number:	CM15-0052173		
Date Assigned:	03/25/2015	Date of Injury:	01/30/2004
Decision Date:	05/05/2015	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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 61 year old female, who sustained a work/industrial injury on 1/30/04. She has reported initial symptoms of multiple injuries to include ankle sprain. The injured worker was diagnosed as having chronic pain syndrome. Treatments to date included medication, back, knee, and ankle brace, surgery (Achilles tendon reattachment on 2/2015, and steroid injection to knee. Magnetic Resonance Imaging (MRI) was performed on 10/6/14. An X-ray of the left ankle was performed on 10/6/14. Currently, the injured worker complains of left knee pain. Ankle surgery was pending. The treating physician's report (PR-2) from 1/20/15 indicated injection to left knee was performed. The PR-2 from 2/4/15 noted mild pain with crepitus to the knee. Treatment plan included diapers and continuation of home health aide.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diapers: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Code of Regulations, Title 8, Effective July 18, 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Code of Regulations, Section 9792.21(c), page 2 of Title 8 Page(s): 2.

Decision rationale: With regard to the request for diapers, the CA MTUS does not specifically address this request. Therefore, national evidence based guidelines are cited. It is further noted that the Official Disability Guidelines and ACOEM do not have provisions for this request either. The request for diapers was made in the context of the patient not being able to transport herself to the bathroom. However, serial examinations in the early part of 2015 indicate that the patient has antalgic gait and utilizes a scooter as well. Therefore, it is not clear why diapers are necessary. Therefore, this request is not medically necessary.

Continuation of home health aide of 6 hr a day, 7 days a week: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. Section 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 51 of 127, Home health services Page(s): 51.

Decision rationale: With regard to this request for a personal caregiver, the MTUS has provisions for this in the context of home health. The Chronic Pain Medical Treatment Guidelines 8 C.C.R.9792.20 - 9792.26 MTUS on Page 51 of 127, state the following regarding home health services: "Recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or 'intermittent' basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. (CMS, 2004)" Therefore, in order for the worker to receive assistance such as a personal caregiver, there must be an established skilled need such as skilled nursing. In this case, this skilled need has not been established after a review of the medical records. This request is not medically necessary.