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| Case Number: | CM15-0052571 | | |
| Date Assigned: | 03/26/2015 | Date of Injury: | 10/22/2011 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 02/18/2015 |
| 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 injured worker is a 57 year old male, who sustained a work/ industrial injury on 10/22/11. He has reported initial symptoms of lumbar and groin pain. The injured worker was diagnosed as having lumbar spine sprain/strain, right post herniorrhaphy pain syndrome, meshoma, ilioinguinal neuralgia, and depressive disorder. Treatments to date included medication, surgery (herniorrhaphy, mesh replacement, and right ilioinguinal neurectomy), aquatic therapy, and home exercise program (HEP). Currently, the injured worker complains of chronic groin pain, headaches and anxiety, and sleep disturbance. The treating physician's report (PR-2) from 1/30/15 indicated a home nurse assessment was completed. Adaptive devices were used for stability. Gait was antalgic. Assistance with activities of daily living (ADL's) and transfers were provided by his spouse, who works full time. The pain level was constant and rated 5/10 and resulted in depression. Treatment plan included non licensed home health care to assist with daily activities of living 3 times a week 4 hours a day for 30 days (defaulted for 30 days) post operative right inguinal hernia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Non licensed home health care to assist with daily activities of living 3 times a week 4 hours a day for 30 days (defaulted for 30 days) post operative right inguinal hernia: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Non licensed home health care to assist with daily activities of living 3 times a week 4 hours a day for 30 days (defaulted for 30 days) post operative right inguinal hernia is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that home health services should be recommended only for otherwise recommended medical treatment for patients who are home bound, 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. The documentation indicates that the patient was using home health for assistance in housekeeping, meal prep, transportation, companionship, medication reminder and safety monitoring. The request is not clear that patient requires medical treatment therefore this request is not medically necessary.