

Case Number:	CM15-0054976		
Date Assigned:	03/30/2015	Date of Injury:	12/05/2012
Decision Date:	05/05/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/23/2015

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 43-year-old, male who sustained a work related injury on 12/5/12. The diagnoses have included a communicating complex pelvic fracture, a perianal laceration with a diverting colostomy, status post left femoral rodding, status post sacral fracture surgery, and status post left leg emergency revascularization, sacroiliac dysfunction, hypertension, posttraumatic depressive symptoms and urinary voiding difficulty. Treatments have included medications, surgeries and home care assistance. In the PR-2 dated 2/17/15, the injured worker has a history of problems with hypertension. He has a blood pressure of 150/90 at this visit. He has a healing perirectal wound. He has a painful left hip. The treatment plan is to request additional home care assistance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care 3 hours a day/5days/week for 2 months: Overturned

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 Page(s): 51.

Decision rationale: Regarding the request for home health care, California MTUS states that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, and 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. Within the documentation available for review, there is documentation that the patient has extensive pelvic injury and required a colostomy. The patient also had hospitalization in Dec 2014. Given the colostomy in the milieu of history of polytrauma, it would be reasonable to have a skilled service such as home nurse. Therefore, guideline criteria are met with respect to home health care for this patient and the request is medically necessary.