

Case Number:	CM15-0083642		
Date Assigned:	05/05/2015	Date of Injury:	03/15/2010
Decision Date:	06/04/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/01/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, 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 68-year-old female who sustained an industrial injury on 3/15/10. The mechanism of injury is unclear. She currently complains of chronic left knee and left hip pain and right thumb pain. She uses a walker for ambulation. Medications are Dilaudid pump with Oxycontin, Forteo, gabapentin, trazadone, pantoprazole, fluocinonide, famotidine. Diagnoses include severe osteoporosis; chronic pain due to trauma; failing knee replacement; hip surgeries; left hip trauma, status post 5 hip surgeries including replacement and revision; chronic opiate use. Treatments to date include medications, Una boot, and injection of Celestone into right thumb (1/8/15). Diagnostics include x-ray of the pelvis showed a left pubic ramus fracture with prior right pubic ramus fracture; x-ray of right thumb showed arthritis. In the progress note dated 3/13/15 the treating provider's plan of care included to continue pump refills with home health nurse.

IMR ISSUES, DECISIONS AND RATIONALES

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

RN visit for intrathecal pump refill x 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter; <http://www.medicare.gov/publications/pubs/pdf/10969.pdf>.

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

Decision rationale: According to MTUS guidelines, home care assistance is 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) The patient does not fulfill the requirements mentioned above. There is no documentation that the patient is homebound, on a part-time or "intermittent" basis. Therefore, the request for RN visit for intrathecal pump refill x 1 is not medically necessary.