

Case Number:	CM15-0237646		
Date Assigned:	12/15/2015	Date of Injury:	03/18/2008
Decision Date:	01/21/2016	UR Denial Date:	11/13/2015
Priority:	Standard	Application Received:	12/04/2015

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: Massachusetts

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 68 year old female, who sustained an industrial injury on March 18, 2008. The injured worker was diagnosed as having other specified post procedural states, presence of the right artificial hip joint, enteropathies of the right lower limb excluding the foot, post-traumatic insomnia, and post-traumatic anxiety and depression. Treatment and diagnostic studies to date has included magnetic resonance imaging of the cervical spine, magnetic resonance imaging of the right shoulder, functional restoration program, and status post right hip revision. In a progress note dated October 19, 2015 the treating physician reports complaints of pain to the bilateral low back with neuropathy, pain to the right hip with decreased range of motion, increased sensitivity, and tingling pain to the right knee, pain to the right ankle, insomnia, and anxiety. Examination performed on October 19, 2015 was revealing for decreased range of motion to the lumbar spine, decreased range of motion to the bilateral hips, tenderness to the bilateral cervical spine, tenderness to the bilateral lumbar spine, hypertonicity to the right lumbar area, trigger points to the right erector spinae, positive Braggard's testing bilaterally, positive Kemp's testing bilaterally, positive radiating pain with right hip jump reflex, tenderness to the right knee, and positive right patellar facet pinch testing. On October 19, 2015 the treating physician requested 3 months of home health care with the treating physician noting that the injured worker's family lives approximately 45 to 50 minutes away and was noted to be employed and had to take time off of work to take the injured worker to her physician's visit. On November 13, 2015, the Utilization Review determined the request for 3 months of home health care to be non-approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care, 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Pain (Chronic), Home health services (2) Knee & Leg (Acute & Chronic), Transportation to and from appointments.

Decision rationale: The claimant sustained the cumulative trauma work injury with date of injury in March 2008. In May 2014 she was seen for an evaluation for a functional restoration program. She was living alone. Her sister was living approximately 5 blocks away and was assisting with activities of daily living. She underwent right hip revision surgery and was receiving nursing home care in August 2014. When seen in October 2015 she was having low back pain and right hip, knee, and ankle pain. She was having constant insomnia and had complaints of anxiety. She reported she was very depressed. She had worsening neuropathy. She was unable to do any type of lifting. She was worried about her overall health. Physical examination findings included decreased and painful lumbar spine and right hip and knee range of motion. There was bilateral cervical tenderness. She had lumbar tenderness with muscle hypertonicity on the right side and trigger points. Kemp's and Braggard's testing was positive bilaterally. She was using a walker. Sacroiliac joint testing was positive. There was right knee tenderness. Request included a referral for her depression and HomeCare including home-based physical therapy. The report references the claimant's daughter as living up to 50 minutes away, working, and having to take time off work to bring the claimant to her appointment. Home health services are recommended only for necessary medical treatments for patients who are homebound and unable to perform treatments without assistance. 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. In this case, the claimant lives alone and there is no new injury. Her condition is chronic. There are no identified functional deficits that would require home health services. If transportation to and from appointments is needed, this can be provided if the claimant is unable to self-transport due to her gait dysfunction or if driving has been restricted. The requested home health services are not medically necessary.