

Case Number:	CM14-0121019		
Date Assigned:	08/06/2014	Date of Injury:	04/04/2001
Decision Date:	10/07/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/31/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 63-year-old female with a 4/4/01 date of injury. The mechanism of injury was not noted. According to a progress report dated 7/8/14, the patient complained that she has been having difficulties getting authorization for rides to her doctor's appointments and has been having to drive herself. She noted that it was difficult for her to conduct any of her activities of daily living. She continued to feel that she was otherwise doing "as good as can be expected" on her current medications. Objective findings: patient was wincing in pain when attempting to move and when she was trying to get up from the office chair, she was moving her head frequently to try and decrease the pain, she experienced several spasms in her neck during appointment. Diagnostic impression: major depression, pain disorder associated with psychological factors and a general medical condition. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 7/18/14 denied the request for home health care assistant and replacement lift chair. Regarding home health care assistant, medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides. Regarding replacement lift chair, this is not a medical service for the cure or relief of an industrial injury, and is therefore not within the scope of utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Request for Home Health Care Assistant With ADL's to Include Assistance With Showering-30 Minutes, 3 x per Week, House Cleaning 2 hours 2 x per Week, Cooking

1 Hour Daily, Watering Plants and Gardening Tasks 1 Hour 3 x per Week, and Household Chores 1 Hour Daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51. Decision based on Non-MTUS Citation Medicare Benefits Manual (Rev. 144, 05/06/11), Chapter 7: Home Health Services; Section 50.2 (Home Health Aide Services)

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

Decision rationale: CA MTUS states that home health services are 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. It is noted that the patient is not "homebound" and has been able to drive herself to her doctor's appointments. The requested home health care is not for medical treatment. 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. Therefore, the request for Prospective Request for Home Health Care Assistant With ADL's to Include Assistance With Showering-30 Minutes, 3 x per Week, House Cleaning 2 hours 2 x per Week, Cooking 1 Hour Daily, Watering Plants and Gardening Tasks 1 Hour 3 x per Week, and Household Chores 1 Hour Daily was not medically necessary.

Replacement Lift Chair With Custom Fitting: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter - Durable Medical Equipment

Decision rationale: CA MTUS does not address this issue. According to ODG, DME is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME). There is no documentation provided that this request is for a medical need or treatment purpose. The medical necessity for a lift chair cannot be established. Therefore, the request for Replacement Lift Chair With Custom Fitting was not medically necessary.