

Case Number:	CM14-0138562		
Date Assigned:	09/05/2014	Date of Injury:	09/06/1996
Decision Date:	10/09/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/27/2014

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:

The injured worker is a represented [REDACTED] employee who has filed a claim for chronic low back pain, upper extremity pain, wrist pain, mid back pain, neck pain, and morbid obesity reportedly associated with an industrial injury of September 6, 1996. Thus far, the injured worker has been treated with the following: Analgesic medications; multiple hand and wrist surgeries; unspecified amounts of physical therapy; transfer of care to and from various providers in various specialties; attorney representations; and extensive periods of time off of work. In a Utilization Review Report dated August 12, 2014, the claims administrator denied a request for home assistance and assessment by a vocational expert for life care planning including the need for transportation. The claims administrator noted that the injured worker had been deemed "permanently disabled" and incapable of participating in the open labor market. The claims administrator noted that the attending provider's request was quite imprecise. The injured worker's attorney subsequently appealed. In a March 12, 2014 progress note, the injured worker was described as not working. The injured worker had a pending vocational rehabilitation evaluation. The injured worker was unable to use both hands, it was stated. The treating provider sought authorization for a psych evaluation by a nurse to detail the injured worker's risks and challenges at home and determine what sort of modification assistance should be provided to the injured worker. Home modification and home assistance in terms of cleaning and other activities of daily living was sought, along with transportation. It was stated that the injured worker had "virtually no chance of returning to work." It was stated that the injured worker was not capable of any kind of employment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home assistance and assessment by vocational expert for life care plan including need for transportation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83, Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 83, to achieve functional recovery, injured workers must assume certain responsibilities, one of which includes making and keeping appointments. The request for transportation, thus, is, per ACOEM, an article of injured worker responsibility as opposed to an article of payer responsibility. Similarly, page 51 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that home health services are recommended only to deliver medical services or medical treatment in injured workers who are homebound. Home health services, per page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, do not include assistance with non-medical activities of daily living such as the homemaker services, home assistance, cleaning, household chores, etc., seemingly being sought here. Therefore, the request is not medically necessary.