MAXIMUS Federal Services

Case Number:	CM14-0144566		
Date Assigned:	09/12/2014	Date of Injury:	10/12/2006
Decision Date:	10/28/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/05/2014

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 Physical Medicine & Rehabilitation, 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 51-year-old female who reported an injury on 10/12/2006. The mechanism of injury was the injured worker was transferring a patient from a lift recliner to a wheelchair when the patient fell forward and the injured worker lifted the patient to prevent them from falling. The diagnostic studies, prior therapies and surgical history was not provided. The documentation of 07/23/2014 revealed the injured worker was in need of nightly diapers. The injured worker had a loss of bladder control, was taking new medications and had new injuries. The injured worker had new pain in her left knee from overcompensation. The injured worker indicated that pain prevents her from walking to the bathroom in a timely manner. The injured worker had light sensation in the right mid anterior thigh, mid lateral calf and lateral ankle on the right were intact. The diagnoses included cervical and lumbar spine sprain and strain, right hip surgery in 2010, right shoulder strain, left hip strain, right knee surgery in 2010, right foot strain, and left foot strain. The injured worker's medications included Anaprox 550 mg 1 twice a day, Soma 350 mg 1 3 times a day, and Xanax 2 mg tablets 1 tablet twice a day. The injured worker had right hip pain that radiated to the right groin. The pain was constant, throbbing, and aching to the right knee. The injured worker had right lower extremity numbness, tingling, heaviness, weakness, right foot drop, and an unstable gait with prolonged walking. The injured worker indicated that the hip pain was becoming worse, preventing her from performing activities of daily living. There was a lack documented rationale. There was a request for authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health, four hours daily for five days a week: Upheld

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

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

Decision rationale: The California MTUS Guidelines indicate that home health services are recommended for injured workers who are home bound and who are in need of part time or intermittent medical treatment for up to 35 hours. Medical treatment does not include homemaker services or home health aid services. There was a lack of documentation indicating the injured worker was in need of medical assistance for home health. The clinical documentation submitted for review failed to provide a rationale for the request. The request as submitted failed to indicate the duration for the home health care. Given the above, the request for home health, 4 hours a day for 5 days a week, is not medically necessary.