

Case Number:	CM14-0089769		
Date Assigned:	09/10/2014	Date of Injury:	12/01/2001
Decision Date:	10/14/2014	UR Denial Date:	05/17/2014
Priority:	Standard	Application Received:	06/13/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, left foot pain, depression, anxiety, and insomnia reportedly associated with an industrial injury of December 1, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; transfer of care to and from various providers in various specialties; a home health aide; and extensive periods of time off of work. In a Utilization Review Report dated May 17, 2014, the claims administrator partially certified a request for a home health aide. Medicare Guidelines were invoked, despite the fact that the MTUS addresses the topic. The claims administrator partially certified the request and stated that the home health aide could furnish the applicant with assistance in terms of ambulating, dressing, cooking, and driving. The applicant's attorney subsequently appealed. In a January 13, 2014 progress note, the applicant reported persistent complaints of chronic pain, depression, insomnia, and anxiety. The applicant was using methadone, Norco, Cymbalta, Desyrel, Klonopin, Celebrex, Lyrica, and senna, it was stated. Multiple medications were refilled. The applicant was asked to remain off of work indefinitely. On June 18, 2014, the applicant was again instructed to remain off of work. The applicant reported persistent complaints of chronic low back pain, depression, and anxiety. The applicant was apparently receiving pool therapy. Home health services were apparently sought for the purposes of assistance with activities of daily living. In a January 3, 2014 home health note, the applicant was described as receiving the assistance of a caregiver to facilitate ambulating, showering, and grooming.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 in-home supportive services 6 hours per day, 7 days per week.:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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 Home Health Services topic. Page(s): 51.

Decision rationale: Based on the information on file, the request represents a request for assistance with activities with daily living such as cooking, cleaning, household chores, caregiver services, etc. Such services are specifically not covered as stand-alone services, it is suggested on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.