

Case Number:	CM14-0090541		
Date Assigned:	07/23/2014	Date of Injury:	03/01/2009
Decision Date:	09/22/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/15/2014

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:

There were 73 pages provided for review. The request for independent medical review was signed on June 16, 2014. The request was for home healthcare seven days a week for six hours a day three hours in the morning and three hours in the evening. Per the records provided, the claimant is a 49-year-old female injured on March 1, 2009. There was a history of chronic regional pain syndrome type I with the right upper and lower extremity contractures as well as urinary retention. She has a spinal cord stimulator with mild improvement. She recently participated in a pain rehabilitation program, which recommended home healthcare seven days a week for six hours a day. She fell in 2009. She is post right wrist surgery after her fall, and developed a chronic regional pain syndrome. An intrathecal pump trial had been approved. She was discharged from the pain rehabilitation program on May 9, 2014. She attended it from April 28 through May 9. Medicines included Cymbalta, Dilaudid, Exalgo, Zanaflex, Colace, ibuprofen, your choline, iridium and Levaquin. She received individual physical therapy and occupational therapy. Her ability to participate was limited by pain behaviors. She was irritable during two psychotherapy sessions. She reached maximal medical improvement. It was felt that home healthcare should be done. The specific indication for this request though is unclear. The claimant's home life is not described. It is not clear that she needs seven days per week at six hours a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

HHCP-SVS of RP,EA 15 min: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Care Page(s): 84.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, home health care.

Decision rationale: Regarding home health care services, the evidence-based guides note that is 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. This claimant appears to need it for non-medical services and activities of daily living. However, the guide specifically notes that 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. (CMS, 2004). Also, this is a lot of home care, and an eye should be given to boosting the claimant's independence to start to management herself. As presented in the records, the evidence-based MTUS criteria for home health services evaluation would not be supported and was appropriately non-certified.