

Case Number:	CM13-0064014		
Date Assigned:	01/03/2014	Date of Injury:	06/04/2000
Decision Date:	04/20/2015	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/11/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Dentist

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 44 year old male injured worker suffered an industrial injury on 6/4/2000. The diagnoses were shoulder impingement, knee tendonitis/bursitis, lumbosacral or thoracic neuritis or radiculitis, sprains and strains of the thoracic and lumbar and neck region. The injured worker had fallen 36 feet from a tree resulting in loss of conscience and multiple fractures. The treatments were medications. The treating provider reported he is unable to perform activities of daily living on his own due to significant pain and weakness and reduction in functional capacity. The provider noted that he had sustained facial fractures and broken teeth as part of the original injury. The requested treatments were 1 REFERRAL TO A DENTIST and 1 HOME HEALTH AIDE.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 HOME HEALTH AIDE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MEDICARE BENEFITS MANUAL, 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 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. 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) Page(s): 51.

Decision rationale: Records reviewed indicate that this patient has pain in multiple body parts and he is unable to perform his activities of daily living on his own due to his significant pain and weakness and his reduction in his functional capacity. However the clinical records provided fail to document the specific duration this home health aide is necessary. Per reference mentioned above, Home health services "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. 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) Even though a home health aide maybe medically necessary for this patient, but an indefinite duration request that is unspecific is not medically necessary. First, there must be a re-evaluation performed to determine any ongoing needs. Therefore this reviewer finds this request not medically necessary.

1 REFERRAL TO A DENTIST: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, HEAD.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): chapter 7 page 127.

Decision rationale: Based on ACOEM Guidelines, Chapter 7, Page 127, the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Records of requesting doctor dated 11/26/13 reviewed indicate that this patient sustained fracture to his face and broke his teeth as well. This reviewer finds this request for referral to a dentist to be medically necessary to address this patient's dental injury. This patient may benefit from additional expertise.