

Case Number:	CM14-0212156		
Date Assigned:	01/02/2015	Date of Injury:	11/02/1999
Decision Date:	02/28/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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: Physical Medicine & Rehabilitation

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 patient is a 75-year-old male with an injury date on 11/2/99. The patient complains of pain in the coccygeal areadue to a chronic pressure-related wound per 11/22/14 report. The patient takes OxyContin 20mg once a day for his pain per 11/22/14 report. The patient is starting to have increasing sensation of his lower extremities, as well as some movement of his lower extremities per 10/27/14 report. Based on the 10/27/14 progress report provided by the treating physician, the diagnosis is chronic pressure-related coccygeal wound. A physical exam on 11/22/14 showed Wound dimensions are 2.5 x 1 on the exterior. Maximum depth of 2.5cm. No erythema. His mucosa as seen through the wound is healthy. Although this sacrum is prominent, it is covered by soft tissue at this point." The patient's treatment history includes medications (oxycontin) and an unspecified barrier cream." The treating physician is requesting 1 home health aide. The utilization review determination being challenged is dated 12/5/14 and modifies request to 1 home health aide, 8 hours per day, for 3.5 days per week for 3 weeks between 11/25/14 and 2/2/15. The requesting physician provided treatment reports from 3/5/14 to 11/22/14.

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 Official Disability Guidelines (ODG), Low Back-Lumbar and Thoracic (Acute and Chronic) Medicare Benefits Manual, Chapter 7-Home Health Services

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

Decision rationale: This patient presents with pain in the coccygeal area. The treating physician has asked for 1 home health aide but the requesting progress report is not included in the provided documentation. The patient is continuing to get wound care per 11/22/14 report. Considering the wound being easily controlled at this point, the necessity for [surgical attempt at closure] seems to be less per 10/27/14 report. Regarding home health services, MTUS recommends 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. MTUS also states 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. In this case, patient does require home care assistance for his pressure-related wound, but requested home health aide does not include a timeframe or end-date. This request is open-ended in duration, while ODG recommends on a part-time or intermittent basis. The request is not medically necessary.