MAXIMUS Federal Services

Case Number:	CM14-0214039		
Date Assigned:	12/31/2014	Date of Injury:	09/15/1999
Decision Date:	02/25/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/22/2014

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 & Rehabn

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 61 year-old patient sustained an injury on 9/15/1999 while employed by [redacted]. Request(s) under consideration include Home Health Care and Transportation to and from doctor's appointments. Diagnoses include Cervical discopathy/ cervicalgia, Lumbago, cubital tunnel syndrome, rule out knee internal derangement s/p left knee arthroscopy, and s/p bilateral CTR and right trigger finger release. Conservative care has included medications, therapy modalities, and modified activities/rest. Medications list Fenoprofen, Omeprazole, Ondansetron, Cyclobenzaprine, Sumatriptan Succinate, and Tramadol. The patient continues to treat for chronic ongoing symptom complaints. Report from the provider noted constant neck pain radiating down upper extremities with migraines and associated numbness and tingling; low back pain radiating to buttocks and bilateral lower extremities with associated numbness and tingling; constant knee pain with difficulty ascending and descending stairs. Exam showed unchanged findings of limited range with pain; positive axial loading test; diffuse paresthesia in the extremities; tenderness at lumbar spine and bilateral knees with painful range and crepitus; no instability seen; normal quadriceps and hamstrings strength; intact balance and normal gait. The request(s) for Home Health Care and Transportation to and from doctor's appointments were non-certified on 12/1/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Care: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 52.

Decision rationale: MTUS and Medicare guidelines support home health for patients who are homebound requiring intermittent skilled nursing care or home therapy and do not include homemaker services such as cleaning, laundry, and personal care. The patient does not meet any of the criteria to support this treatment request and medical necessity has not been established. Submitted reports have not adequately addressed the indication or demonstrated the necessity for home health. The patient does not appear homebound as the patient attends office visits independently without person or equipment assist. There is no specific deficient performance issue evident as it is reported the patient has no documented deficiency with the activities of daily living. It is unclear if there is any issue with family support. Reports have unchanged chronic symptoms without clear motor or gait deficits identified for home therapy. Submitted reports have not demonstrated support per guidelines criteria for treatment request. The Home Health Care is not medically necessary and appropriate.

Transportation to and from doctor's appointments: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Transportation, page 354.

Decision rationale: ACOEM, MTUS do not address transportation to and from physical therapy appointment; however, ODG does recommend medically-necessary transportation to appointments for patients with disabilities preventing them from self-transport. Submitted reports have not demonstrated adequate support for treatment request and do not provide supporting medical reasoning indicating why the patient cannot drive or use public transportation. There was no documentation regarding how far the patient needed to travel or how long the patient needed to sit to wait for the office appointments nor do reports address other options that have been exhausted or comorbidities preventing patient to travel by alternative means. Clinical findings show no indication of ADL limitations or specific neurological deficits to support for transportation services. The Transportation to and from doctor's appointments is not medically necessary and appropriate.