MAXIMUS Federal Services

Case Number:	CM14-0039950		
Date Assigned:	06/27/2014	Date of Injury:	06/07/2000
Decision Date:	03/23/2015	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/04/2014

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: TR, California, Virginia
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 injured worker is a 67 year old male who sustained an industrial injury on 06/07/2000. Diagnoses include fractured metatarsal-closed, multiple surgeries, recurrent ulcer to the plantar aspect of the right foot, severe malformed feet bilaterally, soft tissue mass-left foot, and diabetic neuropathy. A physician progress note dated 03/04/2013 documents the injured worker has continued and worsening pain in his bilateral feet. A physician progress note dated 12/10/2014 documents that the injured worker had an antalgic gait and developed a Charcot foot deformity. The injured worker has developed a soft tissue prominence in the medial aspect of the left foot that is 8cm x 6 cm x 4 cm. He is primarily confined to a wheelchair and ambulates only for transfers. Both of his feet are essentially nonfunctional for any type of normal gait at this stage. Treatment requested is for home assistance 2 hours per day. On 03/26/2014 Utilization Review non-certified the request for home assistance 2 hours a day and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home assistance 2 hours per day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services.

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

Decision rationale: The MTUS Chronic Pain Management Guidelines (pg 51) indicate that home health services are only recommended for otherwise recommended medical treatments in cases of patients who are homebound, and only on an "intermittent" basis (generally up to no more than 35 hours per week). Per the guidelines, medical treatment does not include homemaker services like shopping, cleaning, laundry or personal care like bathing, dressing, and using the bathroom when this is the only care that is needed. In this case the supplied records give no indication of treatment modalities being pursued as part of a home care plan. The original utilization review (dated 3/26/14) states that phone contact was made with the requesting provider at that time and the requesting provider stated that the request for home health services was for help with cleaning and dressing. Unfortunately these activities of daily living in the absence of further medical treatment requirements in the home are specifically addressed by the MTUS guideline as inadequate reasons for recommending home health assistance. Without a more detailed rationale to include other recommended medical treatments as a part of home care nursing, the request in this case is not considered medically necessary.