

Case Number:	CM15-0114295		
Date Assigned:	06/22/2015	Date of Injury:	04/22/1971
Decision Date:	07/21/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/12/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 65 year old male who sustained an industrial injury on 04/22/1971. Current diagnoses include traumatic above the knee amputation requiring multiple knee surgeries and revisions, C2 fracture, right lower extremity neuropathic pain and stump pain and possible complex regional pain syndrome, chronic low back pain, scoliosis, history of right humeral fracture with multiple rib fractures and recurrent fracture, moderate acromioclavicular joint arthropathy on the right, right superior labral tear, anterior and posterior, left knee meniscal tear of the medial meniscus, status post arthroscopic surgery, and chronic lymphedema, left lower extremity. Previous treatments included medication management, left knee injection, physical therapy, right leg amputation followed by subsequent repeat amputations, left knee surgery, and acute rehabilitation program. Initial injuries included the right leg which required emergent amputation. Report dated 04/12/2015 noted that the injured worker was initial admitted for concern of early sepsis. He was admitted for medical care as well as for the acute rehabilitation program. The injured worker received care for his low back pain, lumbar spine pain, liver disease, hepatic encephalopathy, psyche issues, and leg swelling and lymphedema. Recommendations were made for follow up at the non-skilled caregiver services, eight hours daily for three days per week (Days going to TLC) for three months, a lumbar epidural injection, and follow up with the neurosurgeon. Disputed treatments include non-skilled caregiver services, eight hours daily for three days per week (Days going to TLC) for three months and non-skilled Caregiver Services, twelve hours daily, three days weekly, for three months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Non-skilled caregiver services, eight hours daily for three days per week (Days going to TLC) for three months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 51.

Decision rationale: Home health services are recommended only for otherwise recommended medical treatment for patients who are home bound, 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. The records do not substantiate that the worker is home bound. The records do not support the medical necessity for Non-skilled caregiver services, eight hours daily for three days per week (Days going to TLC) for three months. Therefore the request is not medically necessary.

Non-skilled Caregiver Services, twelve hours daily, three days weekly, for three months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 ? 9792.26 Page(s): 51.

Decision rationale: Home health services are recommended only for otherwise recommended medical treatment for patients who are home bound, 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. The records do not substantiate that the worker is home bound. The records do not support the medical necessity for Non-skilled caregiver services, twelve hours daily for three days per week for three months. Therefore the request is not medically necessary.