

Case Number:	CM15-0116755		
Date Assigned:	06/25/2015	Date of Injury:	12/27/2000
Decision Date:	07/23/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/17/2015

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: 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 injured worker is a female patient who sustained an industrial injury on 12/27/2000. The accident was described as while working regular duty as an on call caregiver she endured cumulative trauma resulting in injury. Previous treatment to include: work modification/hiatus, venous ulceration, venous ablation, specialty consultation, physical therapy session, home exercises and stretching and oral medications. A recent primary treating office visit dated 05/08/2015 reported primary subjective complaint of having constant neck pain associated with "cracking" and left greater than right upper extremity radiculopathy. The patient was scheduled to undergo bilateral L3-4 and L4-5 transforaminal epidural injections 06/12/2015. She is to continue with home health care. Medications include Fexmid. Back at a primary treating office visit dated 01/22/2014 the patient was with subjective complaint of having occasional pain in the left foot, headaches, stress, anxiety, and insomnia. She is with pain from her lateral hip to the groin medially; she experiences fecal incontinence along with a throbbing head pain. The assessment found the patient with; status post cellulitis, left ankle; recurrent infection, left ankle; venous disease; status post venous ulcer with chronic venous stasis dermatitis; scarring left ankle; pain; localized recurrent cellulites from damaged skin; low back pain (osteoarthritis); cardiac issues; respiratory issues; incontinence; hip pain, wrist Ganglion cyst left; mass in medial thigh, fecal/urine incontinence, and trauma with internal derangement of lumbar and sacral spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient home care 4 hours a day, 3 days a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines home health services Page(s): 85.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services, page 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 progressive neurological deficits identified for home care. Submitted reports have not demonstrated support per guidelines criteria for treatment request. The Outpatient home care 4 hours a day, 3 days a week for 6 weeks is not medically necessary.