

<b>Case Number:</b>	CM15-0020987		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	07/12/1996
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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: Texas, New York, California  
 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 applicant is a represented 67-year-old [REDACTED] employee who has filed a claim for cerebrovascular accident (CVA) reportedly associated with an industrial injury of July 12, 1996. In a Utilization Review Report dated January 22, 2015, the claims administrator failed to approve a request for home health care, home assessment, and medical transportation to and from all appointments. The claims administrator referenced an RFA form received on January 16, 2015 in its determination. A variety of non-MTUS Guidelines were invoked, including non-MTUS ODG Guidelines and California Department of Health Care Services (DHCS) Medical Transportation Guidelines. The applicant's attorney subsequently appealed. In a progress note dated January 6, 2015, the applicant presented to follow up on longstanding issues with asthma, hypertension, and reportedly uncomplicated diabetes. Authorization for home health services, a home assessment, and transportation to and from all appointments was sought. The note was a skeleton and did not contain any information on the applicant's functional state as of that point in time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health Care X 24 hours 7 days a week: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Chronic Medical Treatment Guidelines, Home Health Care.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20, 9792.26 MTUS (Effective July 18, 2009) Page 51 of 127.

**Decision rationale:** No, the request for home health care 24 hours a day, seven days a week, was not medically necessary, medically appropriate, or indicated here. As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, home health services are recommended only to deliver otherwise recommended medical treatment to applicants who are home bound. Here, however, there was no mention of the applicant being home bound on or around the January 6, 2015 office visit on which the home health services at issue were sought. It is further noted that the January 2015 progress note was sparse, was a skeleton, and did not clearly state or establish what home health services were proposed here. Therefore, the request was not medically necessary.

**Home assessment:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Chronic Medical Treatment Guidelines; Home Health Services.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

**Decision rationale:** Similarly, the request for home assessment was likewise not medically necessary, medically appropriate, or indicated here. The request is somewhat ambiguous. It is not clear whether this represents request for an ergonomic evaluation, an evaluation of the applicant's home environment or home health evaluation. As noted in the MTUS Guideline in ACOEM Chapter 3, page 48, it is incumbent upon an attending provider to furnish a prescription for physical therapy and/or physical methods, which clearly states treatment goals. Here, by definition, the request did not clearly state treatment goals. It was not clearly stated what the home assessment at issue represented and/or why the home assessment at issue was sought. Therefore, the request was not medically necessary.

**Transportation to and from all medical appointments:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Knee and Leg Chapter, Transportation (to & from appointments); Chapter 12.1 for Medical transportation and related services.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83. Decision based on Non-MTUS Citation ODG KNEE CHAPTER, MEDICAL TRANSPORTATION TOPIC.

**Decision rationale:** Finally, the request for transportation for all medical appointments was likewise not medically necessary, medically appropriate, or indicated here. As noted in MTUS Guideline in ACOEM Chapter 5, page 83, to achieve functional recovery, the applicants must assume certain responsibilities, one of which includes making and keeping appointments. Thus, transportation from appointments, per ACOEM, is an article of the applicant responsibility as opposed to an article of payor responsibility. While ODG's Knee Chapter medical transportation topic does acknowledge that transportations to and from appointments is recommended for applicants who have disabilities which prevent them from self transport, in this case, however, the January 6, 2015 progress note on which the article in question was proposed contained to little-to-no applicant-specific commentary. The applicant's gait, functional status, and ambulatory status and/or presence or absence of a driver license was not established. It was not clearly stated why the applicant could not attend physician appointments of her own accord, either by driving herself to the same or by using a cab or a bus. Therefore, the request is not medically necessary.