

Case Number:	CM15-0033072		
Date Assigned:	02/26/2015	Date of Injury:	07/21/2006
Decision Date:	05/13/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/23/2015

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: Colorado

Certification(s)/Specialty: Family Practice

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 75-year-old female, who sustained industrial injury on 12/15/2003 and 7/21/2006. She has reported a fall with injuries to the neck and back. The diagnoses have included, bilateral knee internal derangement status post left knee replacement with residuals, bilateral shoulder rotator cuff disease, lumbar degenerative disease, osteoarthritis of the right knee, left side stroke with right sided hemiparesis, mixed urinary incontinence, and voiding dysfunction. Treatment to date has included medications, diagnostics, surgery, physical therapy and self-catheterization. The current medications included baby aspirin, Tramadol and Celebrex. Currently, as per the physician progress note dated 7/15/14, the injured worker complains of right knee pain and has recently had a stroke on 2/20/14. Physical exam revealed mild facial weakness, weakness in the right upper and lower extremity, the gait was very limited. She was wheelchair-dependent and the right knee remains tender with crepitus and pain. The physician noted that her condition was poor and was aggravated by a lacunar stroke with right hemiparesis. She was making very slow improvement and was attending physical therapy. She had severe weakness due to the stroke and surgical intervention for the right knee was not indicated at this time. The physician also noted that she was catheterizing herself twice a day due to her incontinence. The physician requested treatments included Home Health Care, 9 hours a day, 7 days a week for self-catheterization three times daily and Transportation for assistance going shopping and going to doctor visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Care, 9 hours a day, 7 days a week for self-catheterization three times daily:
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 Pain Interventions and Treatments Page(s): 50.

Decision rationale: Per the guidelines, Home health services are recommended only for needed medical treatment for homebound patients on a part-time or "intermittent" basis. No more than 35 hours per week home care is supported by the guidelines. Medical treatment does not include homemaker services / nurse aide services (shopping, cleaning, and bathing, dressing, and using the bathroom when this is the only care needed.) (CMS, 2004) For the patient of concern, even though no clinic documentation more recent than 2014 was supplied, the records establish that patient has a complex and chronic urinary condition that includes mixed incontinence and detrusor over-activity when last checked. Patient also tends to have urinary retention so has to self cath which has become impossible for her since CVA in February 2014. Patient has been receiving home care for unspecified time for self-catheterization and help with grooming. As the guidelines clearly state that home health services are only recommended for medical treatments on "intermittent basis," for not more than 35 hours per week, the current request exceeds the maximum time recommended for home care services. The request for home care services, 9 hours per day, 7 days per week, is not medically indicated.

Transportation for assistance with shopping and going to doctor visits: 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 and from appointments).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter.

Decision rationale: The MTUS and ACOEM do not address the issue of transportation, so the ODG was consulted. Per the ODG, transportation to and from medical appointments can be recommended as long as the medical appointments are medically necessary. For the patient of concern, there is no documentation more recent than Summer 2014, so there is no updated evidence of patient's current condition requiring assistance with driving. However, as patient has medical needs and needs to make follow up medical appointments, transportation for doctor's visits is reasonable. However, transportation for shopping trips would not be included in medical necessity, so the entire request above is not medically necessary.