

Case Number:	CM15-0062774		
Date Assigned:	04/08/2015	Date of Injury:	07/22/1993
Decision Date:	05/14/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	04/02/2015

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: Internal 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 69-year-old male who sustained an industrial injury on 07/22/1993. Diagnoses include lumbar/lumbosacral disc degeneration, cervicgia, bilateral internal shoulder derangement-status post several surgeries, bilateral knee degenerative joint disease-status post left knee arthroplasty, status post left hip replacement with postoperative infection requiring arthrotomy of the left hip with incision and drainage, morbid obesity, Hepatitis C, peripheral neuropathy, probable upper extremity entrapment neuropathy, severe multilevel lumbar spondylosis, and atrial fibrillation with probable coronary artery disease. Documented treatment to date has included surgery, diagnostic studies, shoulder injections, and epidural steroid injections. A physician progress note dated 01/07/2015 documents the injured worker continue to require at least eight hours a day, seven days a week of home care non-skilled attendant care. He uses a wheelchair and has severe limitations and unable to complete any activities of daily living. He requires hand rails inside of his home. He is awaiting a lightweight folding electric wheelchair. He continues on antibiotics to prevent septicemia as a result of a history of multiple joint replacements with chronic low grade periprosthetic infections. He will be on Augmentin prophylaxis for the rest of his life. He received trigger point injection to the cervical spine with this visit and tolerated the procedure well. Treatment requested is for Outpatient Home Care 8 hour a day, 7 days a week for 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Home Care 8 hour a day, 7 days a week for 3 months: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 51) addresses home health services. Home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, 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. Home health services are recommended only for medical treatment. Medical treatment does not include homemaker services like shopping, cleaning, and laundry. Medical treatment does not include personal care given by home health aides like bathing, dressing, and using the bathroom. Medical treatment does not include home health aides. The treating physician's report dated January 7, 2015 documented the diagnoses of right hip replacement 1987, multiple revision right hip surgical procedures and arthroplasty replacement, bilateral shoulder internal derangement, status post rotator cuff repairs bilaterally, status post left biceps tendon repair, bilateral knee degenerative joint disease, status post left knee arthroplasty, left hip degenerative joint disease, status post left hip replacement, atrial fibrillation, and lumbar spondylosis. The treating physician requested eight hours a day seven days a week of home care non-skilled attendant care. Per MTUS, home health services are recommended only for medical treatment. Outpatient home care 8 hour a day 7 days a week for 3 months was requested. Outpatient home care 8 hour a day 7 days a week is equal to 56 hours a week. MTUS guidelines generally limit home health services to no more than 35 hours per week. Therefore, the request for 56 hours a week of home care service would exceed MTUS guidelines, and is not supported. The request for outpatient home care 56 hours per week for 3 months is not supported MTUS guidelines. Therefore, the request for outpatient home care is not medically necessary.