

Case Number:	CM15-0064600		
Date Assigned:	04/10/2015	Date of Injury:	02/22/2012
Decision Date:	05/11/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/06/2015

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: 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 injured worker is a 58 year old male, who sustained an industrial injury on February 22, 2012. He has reported left foot pain. Diagnoses have included reflexive sympathetic dystrophy of the lower limb. Treatment to date has included medications, use of crutches and scooter, and imaging studies. A progress note dated February 10, 2015 indicates a chief complaint of increased left foot pain. The treating physician documented a plan of care that included home care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home care for activities of daily living and personal care, 3 x per week x 4 weeks (12 visits):
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: Home health care is a wide range of supportive health care services given in the patient's home for an illness or injury, frequently given to patients recovering from recent surgery or hospitalization. This service means medical professionals providing short-term nursing, rehabilitative, therapeutic, and assistive health care. Examples of skilled home health services include: wound care for pressure sores or a surgical wound, monitoring serious illness and unstable health status, or helping patient regain independence and become as self-sufficient as possible. The MTUS does recommend its use for homebound individuals but neither for routine personal care activities such as bathing, dressing or using the bathroom nor for homemaker activities such as shopping, cleaning or laundry. This patient's needs do not meet the definition in the MTUS even though he is in a partial weight bearing status and requires assistive health care. This is because the patient has been given a scooter with a scooter lift for his vehicle and, therefore, is not homebound. Medical necessity for this service has not been established.