

Case Number:	CM15-0076397		
Date Assigned:	04/28/2015	Date of Injury:	02/02/2015
Decision Date:	05/28/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/21/2015

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 60 year old female who sustained an industrial injury on 02/02/2015. Current diagnoses include sprain left ankle, contusion right knee, and internal derangement right wrist. Previous treatments included medication management, wheelchair, CAM walker, and thumb splint. Previous diagnostic studies include x-rays and MRI of the right wrist. Initial complaints occurred when she slipped and fell causing injuries to her left ankle, right wrist, and right knee. Report dated 04/03/2015 noted that the injured worker presented for recheck. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included request for home health due to being confined to a wheelchair and thumb spica. Disputed treatments include home health care.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) home health care: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefits Manual, Chapter 7-Home Health Services, Section 50.2.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Home Health Services.

Decision rationale: According to MTUS and ODG Home Health Services section, "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". Given the medical records provided, employee does not appear to be "homebound". The available medical record seems to indicate that assistance with ADL's is the only care needed so documentation provided does not support the use of home health services as "medical treatment" as defined in MTUS. Further the period and frequency of the home health care was not provided. As such, the current request for home health care is not medically necessary.