

Case Number:	CM15-0076586		
Date Assigned:	04/28/2015	Date of Injury:	02/09/2011
Decision Date:	06/11/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/22/2015

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: 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 40 year old male injured worker suffered an industrial injury on 02/09/2011. The diagnoses included right arm traumatic injury requiring a series of reconstructive surgeries, severe subtotal amputation at two levels of the right arm. The diagnostics included skilled nursing evaluation 11/25/2014. The injured worker had been treated with multiple surgeries, physical/occupational therapies and medications. On 3/24/2015 the treating provider reported the right arm is non-functional. There is anticipation of surgery to the right arm to restore a measure of function but during recovery the injured worker will be unable to use the right arm at all requiring assistance for all activities of daily living. The treatment plan included additional home health care for 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 home health care for 3 months: 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.

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the requirements for Home Health Services. These guidelines state the following: Home Health Care is 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. In this case, there is no evidence from the medical records that the patient is homebound. The diagnoses listed by the treating physicians do not suggest that the patient is homebound or will be homebound for the 3 month period of this request. For this reason, Home Health Care for 3 months is not considered as medically necessary.