

Case Number:	CM15-0093338		
Date Assigned:	05/19/2015	Date of Injury:	10/14/1994
Decision Date:	06/19/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/14/2015

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: North Carolina
 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 73-year-old male who sustained an industrial injury on 10/14/1994. The injured worker was diagnosed with post-traumatic osteoarthritis, advanced rheumatoid arthritis, non-Hodgkin's lymphoma (Humira therapy induced), chronic obstructive pulmonary disease, rectal/colon cancer (precipitated by biologic agents) and gastroesophageal reflux disorder (GERD). Treatments to date include multiple diagnostic testing with Positron emission tomography (PET) scans, biopsies, consultation to address lymphoma, pulmonary fibrosis, rheumatoid arthritis, rectal/colon cancer, gold injections, chemotherapeutic agents, biologic agents, respiratory inhalants and medications. According to the primary treating physician's progress report on April 16, 2015, the injured worker returned for a routine rheumatology follow-up evaluation. The injured worker is dependent on spouse for all activities of daily living including personal hygiene. The injured worker has shortness of breath and can ambulate approximately 20 feet before stopping. He is in atrial fibrillation. The injured worker uses a motorized scooter. Current medications are listed as Rituximab, Hydroxychloroquine, Prednisone, Dilaudid, Lansoprazole ER, Soma, Ondansetron ODT, Magnesium, Neurontin, and Prolia PFS every 6 months, Provea infusions, sleep aids and multiple respiratory inhalants. Treatment plan consists of postpone Rituximab, start Augmentin, repeat chest X-ray, Provea infusion in June and the current request for Home Health Care: Increase from 8 hours per day to 18 hours per day, 7 days a week for 1 year.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Care: Increase from 8 hours per day to 18 hours per day, 7 days a week for 1 year: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG Home Health Services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines home health Page(s): 51.

Decision rationale: The California chronic pain medical treatment guideline on home health services states: Home health services Recommended only for otherwise recommended medical treatment for patients who are Home bound, 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. (CMS, 2004) Home health services are recommended for patients who are home bound. The request is in excess of recommendations and therefore is not medically necessary.