

Case Number:	CM15-0097611		
Date Assigned:	05/28/2015	Date of Injury:	04/04/2015
Decision Date:	06/29/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/20/2015

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, North Carolina, Virginia
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 59-year-old female who sustained an industrial injury on 04/04/15. Initial complaints include bilateral elbow pain. Initial diagnoses include bilateral radial head fracture. Treatments to date include bilateral slings, splints, ice, and elevation. Diagnostic studies include multiple x-rays of the bilateral elbows and forearms. Current complaints include bilateral elbow pain. Current diagnoses include left olecranon fracture, left triceps strain, right radius head fracture. In a progress note dated 04/07/15, the treating provider reports the plan of care as posterior elbow braces, ibuprofen, cold and heat, as well as a home health aide 4 hours/day for 2 weeks. The requested treatments include a home health aide for 4 hours/day for 2 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Aid 4 hours per day (days) QTY: 14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51. Decision based on Non-MTUS Citation ODG: Home Health Care Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines. Pain chapter. Home health services.

Decision rationale: Home health services are recommended on a short-term basis following major surgical procedures or in-patient hospitalization, to prevent hospitalization, or to provide longer-term in-home medical care and domestic care services for those whose condition is such that they would otherwise require inpatient care. Home health care is the provision of medical and other health care services to the injured or ill person in their place of residence. Home health services include both medical and non-medical services deemed to be medically necessary for patients who are confined to the home (homebound) and who require one or all of the following: (1) Skilled care by a licensed medical professional for tasks including, but not limited to, administration of intravenous drugs, dressing changes, occupational therapy, physical therapy, and speech-language pathology services; and/or (2) Personal care services for tasks and assistance with activities of daily living that do not require skills of a medical professional, such as bowel and bladder care, feeding, bathing, dressing and transfer and assistance with administration of oral medications; and/or (3) Domestic care services such as shopping, cleaning, and laundry that the individual is no longer capable of performing due to the illness or injury that may also be medically necessary in addition to skilled and/or personal care services. Domestic and personal care services do not require specialized training and do not need to be performed by a medical professional. (ACMQ, 2005) (Ellenbecker, 2008) See also Skilled nursing facility (SNF) care. Justification for medical necessity of Home health services requires documentation of: (1) The medical condition that necessitates home health services, including objective deficits in function and the specific activities precluded by such deficits; (2) The expected kinds of services that will be required, with an estimate of the duration and frequency of such services; and (3) The level of expertise and/or professional qualification or licensure required to provide the services. Homebound is defined as “confined to the home.”. To be homebound means: The individual has trouble leaving the home without help (e.g., using a cane, wheelchair, walker, or crutches; special transportation; or help from another person) because of the occupational illness or injury; Or; Leaving the home isn't recommended because of the occupational illness or injury; And; The individual is normally unable to leave home and leaving home is a major effort. (CMS, 2014). (4) Evaluation of the medical necessity of Home Health Care services is made on a case-by-case basis. For Home Health Care extending beyond a period of 60 days, the physician's treatment plan should include referral for an in-home evaluation by a Home Health Care Agency Registered Nurse, Physical Therapist, Occupational Therapist, or other qualified professional certified by the Centers for Medicare and Medicaid in the assessment of activities of daily living to assess the appropriate scope, extent, and level of care for home health care services. (CMS, 2015) (5) The treating physician should periodically conduct re-assessments of the medical necessity of home health care services at intervals matched to the individual patient condition and needs, for example, 30, 60, 90, or 120 days. Such reassessments may include repeat evaluations in the home. In this instance, the injured worker is not currently and was not previously homebound. There is no indication that the injured worker has had major surgery for her elbow fractures or that she would otherwise require inpatient hospitalization if home health services are/were not provided. A physical therapy note from 6-10-2015 indicates that the injured worker has made functional gains and no longer is in need of formal assistive services at home. Therefore, home health aide services for four hours a day for 2 weeks is/was not medically necessary and appropriate per the referenced guidelines.