

Case Number:	CM15-0098986		
Date Assigned:	06/01/2015	Date of Injury:	09/18/1988
Decision Date:	07/02/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/22/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 (IW) is a 70 year old female who sustained an industrial injury on 09/18/1988. She reported a severe injury to the left foot and ankle. The injured worker was diagnosed as having a fracture of the left foot. Treatment to date has included surgery on the left foot (09/1988 and 01/1999). The arch of the left foot collapsed in March of 1989. The worker's job required walking, and she has been unable to work since the injury. She is also a diabetic since age 7. Currently, the injured worker is on 100% disability since 2007 covering her left foot, vision, diabetic neuropathy, diabetes, and hypertension. She complains of episodic hypoglycemia and is a high fall risk due to the diagnosis of diabetic neuropathy, retinopathy, and bilateral Charcot deformities as well as chronic left foot pain. She reports use of her wheelchair 90-100% of the time, even at home because of her high fall risk and her hypoglycemic risk. She carries a charged cell phone all of the time and has declined an emergency button. She has had an episode of a fall from hypoglycemia where she laid without being discovered for three hours. The physician request is for Housekeeping services (including general cleaning, food preparation, and laundry), Transportation (for errands associated with activities of daily living, to and from pharmacy and MD's appointments), a cell phone, and a Home aide at night.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cell phone: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Knee & Leg, Durable medical equipment (DME).

Decision rationale: Regarding the request for a Cell phone, California MTUS does not address the issue. ODG states certain DME toilet items (commodes, bedpans, etc.) are medically necessary if the patient is bed or room confined, and devices such as raised toilet seats, commode chairs, sitz baths and portable whirlpools may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. Within the documentation available for review, it appears the patient already has a cell phone, which she carries with her at all times. It is unclear why a 2nd cell phone would be needed at the current time. Additionally, since a cell phone is not a medical treatment or device, guidelines do not support its use. As such, the currently requested Cell phone is not medically necessary.

Transportation (for errands associated with activities of daily living, to and from pharm and MD's appointments): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Department of Health Care Services-California.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Department of Health Care Services-California: Nonemergency Medical Transportation http://www.dhcs.ca.gov/services/medical/Documents/ManCriteria_32_MedTrans.htm.

Decision rationale: Regarding the request for transportation, California MTUS and ODG do not address the issue. The California Department of Health Care Services notes that nonemergency medical transportation is appropriate when the patient's medical and physical condition is such that transport by ordinary means of private or public conveyance is medically contraindicated. Within the documentation available for review, there is no clear rationale identifying why other forms of private and/or public conveyance are contraindicated. Additionally, it appears that transportation is being requested for errands as well as medical appointments. Guidelines do not support the use of transportation to "run errands." As such, the currently requested post-operative ambulance is not medically necessary.

Housekeeping services: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 51 of 127, Home health services.

Decision rationale: Regarding the request for Housekeeping services, California MTUS states that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, and 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. Within the documentation available for review, there is no documentation that the patient is homebound and in need of specialized home care (such as skilled nursing care, physical, occupational, or speech-language therapy) in addition to home health care. Guidelines do not support the use of housekeeping services. As such, the currently requested Housekeeping services are not medically necessary.

Home aide at night: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 51 of 127, Home health services.

Decision rationale: Regarding the request for home health care, California MTUS states that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, and 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. Within the documentation available for review, there is no documentation that the patient is in need of specialized home care (such as skilled nursing care, physical, occupational, or speech-language therapy) in addition to home health care. Additionally, notes indicate that the patient does not want a home health aide at night. As such, the currently requested home health care is not medically necessary.