

Case Number:	CM15-0099609		
Date Assigned:	06/02/2015	Date of Injury:	06/06/2010
Decision Date:	07/08/2015	UR Denial Date:	05/14/2015
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: 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 30-year-old male, who sustained an industrial injury on 06/06/2010. He has reported injury to the left hand index finger and the bilateral lower extremities. The diagnoses have included major multiple trauma; right above knee amputation with phantom pain; left lower extremity deformity with disruption of the quadriceps and patellar tendon mechanism; left hand index finger ray amputation with chronic phantom pain; chronic pain syndrome; depression; anxiety; biomechanical low back pain, chronic in nature; and cervical pain, chronic in nature. Treatment to date has included medications, diagnostics, lower limb prosthesis, spinal cord stimulator, physical therapy, and surgical intervention. Medications have included Lyrica, Cymbalta, Wellbutrin, Ativan, and Omeprazole. A progress report from the treating physician, dated 05/08/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of neuropathic pain; feels as if he may have pulled a muscle and/or even fractured his leg, with the injury that he just sustained on 05/07/2015; currently having pain in the bilateral hips, rated at 7/10 on the pain scale; he is having a hard time tolerating his spinal cord stimulator; phantom pain is still present in his right, above the knee amputation; anxiety over his condition; and depression. Objective findings included hypersensitivity to touch in his left hand; hypersensitivity to touch in his right above knee amputation; left leg is swollen on the lateral aspect with tenderness to palpation all the way to the insertion of the hamstring; the mid-thigh area is boggy and tender; bony palpation distally increases pain in the thigh area; and movement of that leg increases the pain, worsened with rotational activities of the leg. The treatment plan has included the request for home health aide, at a minimum of 10 hours a day, number of days unspecified; and x-ray of the left leg/femur and left hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Aide, at a minimum of 10 hours a day, number of days unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 recommendation as total amount of time is not specified and therefore is not medically necessary.

X-Ray of the left leg/femur and left hip: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip Chapter, X-Ray.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, hip x-rays.

Decision rationale: The California MTUS and the ACOEM do not specifically address hip x-rays. Per the ODG, hip x-rays are indicated in patients who have sustained a pelvic injury, patients at high risk of the development of hip osteoarthritis and those with suspected hip fractures. These criteria have been met and the request is medically necessary.