

Case Number:	CM16-0249735		
Date Assigned:	01/04/2017	Date of Injury:	10/25/2016
Decision Date:	01/31/2017	UR Denial Date:	12/07/2016
Priority:	Standard	Application Received:	12/29/2016

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

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 43 year old male, who sustained an industrial injury on 10-25-16. The documentation on 11-29-16 noted that the injured worker is now medically stable and able to participate in therapy. The injured worker was admitted to rehabilitation for daily medical management of the active medial problems, rehab nursing intensive therapy to enhance optimal recovery. Suction is closed suction drain. There is no increase in abdominal pain, no rebound tenderness. A review of the medical records shows the injured worker has had diagnoses of multiple trauma. Treatment to date has included abdominal surgery and medications. The original utilization review (12-7-16) modified the request for home aide 12 hours per day, 5 times a week for 4 weeks to assist with mobility, transfer, activities of daily living and safety in the home when wife is working to home aide 6 hours per day, 5 times a week for 4 weeks to assist with mobility, transfer, activities of daily living and safety in the home when wife is working. Parts of the medical records submitted for review were difficult to decipher.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home aide 12 hours per day, 5 times a week for 4 weeks to assist with mobility, transfer, ADL's and safety in the home when wife is working was the original request. Home aide 6 hours per day, 5 times a week for 4 weeks to assist with mobility, transfer, ADL's and safety in the home when wife is working was authorized by the Claims Administrator. The

remaining IMR eligible portion of the original request, Home aide 6 hours per day, 5 times a week for 4 weeks to assist with mobility, transfer, ADL's and safety in the home when wife is working is: Upheld

Claims Administrator guideline: The Claims Administrator based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (updated 11/22/16) Chapter: Home Health Services: Criteria for skilled nursing facility.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Home health services.

Decision rationale: Based on progress report dated 11/29/16, the patient presents with rib fractures, hemothorax, devascularization of kidney, lumbar hematoma and lumbar transverse process fracture. The request is for the remaining IMR eligible portion of the original request, home aide 6 hours per day, 5 times a week for 4 weeks to assist with mobility, transfer, adl's and safety in the home when wife is working. The request for authorization form is dated 12/02/16. The patient is status post significant lysis of adhesions, enterorrhaphy of the small bowel, retroperitoneal exploration, takedown of splenic flexure, resection of the descending colon, 11/21/16. Patient's diagnosis is multiple trauma. Physical examination of the extremities reveal full movement (weak). Musculoskeletal within defined normal limits. Muscle strength 4/5. The patient's work status is not provided. MTUS 2016, Chronic Pain Medical Treatment Guidelines, pages 89-90 under Home health care services Section states, "Recommended on a short-term basis following major surgical procedures or in-patient hospitalization, to prevent hospitalization, or to provide longer-term nursing care and supportive 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, speech-language pathology services, and/or 2) Personal care services for health-related 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). A prescription or request for authorization for home health services must include justification for medical necessity of the services. Justification for medical necessity requires the physician's 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 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). 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). 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. Per progress report dated 11/29/16, treater's reason for the request is "Functional Impairment: Generalized weakness, impaired in mobility, self-care, cognition, and safety. Disabilities: Self-Care, Mobility, Motor Dysfunction, Bowel/Bladder Management, Pain Management and Safety." MTUS supports Home Health Care for patients who are confined to the home (homebound) for 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. Per the same report, treater states, "Patient is now medically stable and able to participate in therapy. Admit patient to rehabilitation for daily medical management for the active medical problems, rehab nursing and intensive therapy to enhance optimal recover." To be homebound means the individual has trouble leaving the home without help, which the treater does not discuss or document. The request is not in accordance with MTUS guidelines. Therefore, the request for the remaining IMR eligible portion of the original request, Home Aide 6 Hours per Day, 5 Times a Week for 4 Weeks to Assist with Mobility, Transfer, ADL's and Safety in the Home When Wife is Working, is not medically necessary.