

Case Number:	CM13-0006145		
Date Assigned:	03/03/2014	Date of Injury:	09/20/2006
Decision Date:	04/22/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	08/02/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 74-year-old who reported an injury on September 20, 2006, after he prevented a child from a fall that reportedly caused injury to his low back. The patient's treatment history included physical therapy, aquatic therapy, injection therapy, activity modifications, multiple medications, and psychiatric support. The patient's most recent clinical evaluation documented that the patient had 8/10 to 10/10 low back pain, constant left shoulder pain. Physical findings included restricted range of motion of the left shoulder with no evidence of tenderness to palpation over the acromioclavicular joint. The patient also had restricted range of motion of the lumbar spine with a negative straight leg raising test and decreased motor strength in the right L4 myotomes and decreased sensation in the right L5 dermatome. A request was made for a home health evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH EVALUATION FOR COOKING, CLEANING AND BATHING:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Section Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Section Page(s): 51.

Decision rationale: The requested home health evaluation for cooking, cleaning, and bathing are not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends home health services for patients who are homebound on a part-time or intermittent basis. The clinical documentation fails to provide evidence that the patient is homebound for any length of time. Additionally, medical treatment for home health services does not include homemaker services such a cooking, cleaning, and bathing. The request for home health evaluation for cooking, cleaning and bathing is not medically necessary or appropriate.