MAXIMUS Federal Services

Case Number:	CM13-0014607		
Date Assigned:	10/04/2013	Date of Injury:	04/18/2008
Decision Date:	02/21/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	08/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, 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 physician 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:

Claimant is a 30 year old male with date of injury 04/18/2008. Per progress note dated 6/5/2013 he reportedly complained of low back pain rated at 9-10/10, described as stabbing, aching spasms at night and pressure, radiating down the bilateral legs with numbness and tingling sensation. Exam revealed weakness in all major muscle groups in the lower extremities bilaterally. Progress note dated 6/12/2013 reports that home care assistance would be helpful in influencing patient safety and faster recovery outcomes by preventing fall accidents at home, to ensure compliance in pharmacologic treatment, and provision of care of the physician in a unique setting, which is unlikely when delivering care to hospitals and other institutional environments. At this time it is important to minimize further strain in the low back and promote additional rest and comfort to preserve musculoskeletal function. Current diagnoses include 1) status post posterior interbody fusion at L4-5 and L5-S1 on 9/19/2011, 2) status post L5-S1 foraminotomy/discectomy/scar resection on 12/6/2009, 3) status post discectomy 2005 4) failed back surgery syndrome. Current treatments include diet and medications. Home care notes from 9/2012 and 10/2012 indicate that the claimant received assistance on and off couch, safety supervision, clean up kitchen and mop floor, clean bathroom, vacuum living area, make bed and linen changes, wash laundry, empty and take out trash, running errands and shopping.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Care- Assistance 4 hours a day, 3 days a week for 12 weeks: 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), Home Health

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

Decision rationale: It is noted that the claimant has received home health care assistance since at least 9/2012. In the supplemental report by the requesting provider, dated 10/10/2013, it is explained why the claimant is in need of home health assistance. It is the provider's opinion that the claimant would continue to have immense difficulty performing household and self-care activities due to his symptoms and examination findings. Attempting to perform these activities would present a substantial risk for aggravation of his conditions. The provider reports that home health care assistance is needed to allow the claimant to increase his performance to a productive rehabilitation that will help increase the range of motion and endurance to weight bearing activities, restoring musculoskeletal function. The home health care assistance also requires supervision from a nurse that can help him identifiy coping skills necessary in addressing his physical limitations. Per Chronic Pain Medical Treatment Guidelines 8 C.C.R. Â§Â§9792.20 - 9792.26 MTUS (Effective July 18, 2009), home health services are "recommended only for otherwise recommended medical treatment for patients who are homebound, 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 bathoom when this is the only care needed. (CMS, 2004)" The RN reports for home health visits and the provider notes do not indicate that the claimant requires medical treatments while being homebound. The services he receives are not assistance with activities of daily living or other medical treatment, but instead are instruments of daily living. These functions include shopping, cleaning and laundry, which are the types of services provided. The request for home health care assistance is determined to not be medically necessary for this claimant.