

Case Number:	CM13-0016606		
Date Assigned:	01/03/2014	Date of Injury:	07/24/2009
Decision Date:	03/24/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/26/2013

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 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 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:

The patient is a 36-year-old female who reported an injury on 07/19/2009. The patient reportedly sustained cumulative trauma to the lower back while working as a police officer. The patient is currently diagnosed with non-union fracture. The patient was seen by [REDACTED] on 07/18/2013. The patient was 4 months status post L5-S1 anterior lumbar interbody fusion on 03/18/2013. Physical examination revealed diminished lumbar range of motion, positive straight leg raising, and weakness in the bilateral lower extremities. The patient also demonstrated mild allodynia and diminished sensation at the L5-S1 distribution on the left. Treatment recommendations at that time included a home health aide for 1 to 2 months to assist with cleaning and cooking.

IMR ISSUES, DECISIONS AND RATIONALES

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

A home health aide one (1) day a week for two (2) months: Upheld

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

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

Decision rationale: The California MTUS Guidelines state home health services are recommended only for otherwise recommended medical treatment for patients who are homebound on a part time or intermittent basis. There is no indication that this patient is homebound. Additionally, the California MTUS Guidelines state medical treatment does not include homemaker services like shopping, cleaning, and laundry. Based on the clinical information received and the California MTUS Guidelines, the request for Home Health Aide one (1) day a week for two (2) months is non-certified.