

Case Number:	CM13-0019377		
Date Assigned:	12/04/2013	Date of Injury:	08/29/2001
Decision Date:	01/24/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/03/2013

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:

The applicant is a represented [REDACTED] employee, who has filed a claim for chronic neck pain reportedly associated with an industrial injury of August 29, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and anxiolytic medications; and extensive periods of time off of work. In a Utilization Review Report of August 22, 2013, the claims administrator denied a request for homecare assistance. The applicant's attorney subsequently appealed, on August 31, 2013. In an October 28, 2013 note, it is stated that the applicant is "permanently disabled." He is having persistent issues with low back pain radiating to legs and is apparently using oxycodone for pain relief. Earlier notes of July 29, 2013 and August 30, 2013 are notable for comments that the applicant is having issues doing activities of daily living, fixing breakfast, shopping, unloading groceries, making his bed, getting dressed, and doing cleaning. For that reason, a caregiver is endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home care assistance, 8hrs per day for two weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines..

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

Decision rationale: As noted on Page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, home health services are recommended only to provide medically necessary services such as home physical therapy, wound care, IV fluids delivery, IV antibiotics, etc., in those individuals who are home-bound, bed-bound, and/or unable to obtain these services as outpatients. Homemaker services such as cooking, cleaning, and other activities of daily living are specifically proscribed. Therefore, the original Utilization Review Decision is upheld. The request remains non-certified, on Independent Medical Review.