

Case Number:	CM13-0020925		
Date Assigned:	04/25/2014	Date of Injury:	10/27/2003
Decision Date:	06/10/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/06/2013

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 Orthopedic Surgery 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:

58 year old female with industrial injury 10/27/03. A greed medical examination demonstrates diagnosis of chronic recurrent musculoligamentous injury cervical spine and trapezius muscle and mild degenerative disc disease cervical spine most pronounced at C5/6. Exam note from 8/1/13 demonstrates claimant with persistent pain and discomfort in right sacroiliac joint and buttock area. Diagnosis is made of sacroliliac notch dysfunction. Request for home health 2 times per week 6 hours per day.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH 2 TIMES A WEEK 6 HOURS/DAY (BODY SITE NOT SPECIFIED):
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 Services Page(s): 51.

Decision rationale: In this case there is no evidnece in the records including the exam note from 8/1/13 that the claimant is homebound. Per Chronic Pain Medical Treatment Guidelines, Home Health Services, recommended only for other wise 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 the home health aides like bathing, dressing, and using the bathroom when this is only care needed. This does not match the guidelines stated above to qualify for home health services. Therefore the determination is not medically necessary.