

Case Number:	CM13-0025391		
Date Assigned:	11/20/2013	Date of Injury:	06/26/2006
Decision Date:	01/21/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/17/2013

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 Family Medicine, and is licensed to practice in Texas. 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 55-year-old male who reported an injury on 06/26/2006. The mechanism of injury was not provided for review. The patient underwent fusion surgery at the C3-6 levels in 2009 and decompression at C4-6 in 2010. The patient's most recent clinical exam findings indicated the patient had restricted cervical spine range of motion described as 35 degrees in flexion, 30 degrees in extension 50 degrees in right rotation, 50 degrees in left rotation, a positive axial compression test, and tenderness to palpation to the bilateral upper trapezius. The patient's diagnoses included status post fusion surgery and status post left shoulder surgery. The patient's treatment plan included continued medication usage and a home health aide to assist the patient with household chores.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care with transportation, household chores, meal preparation, and yard maintenance 24 hours/365 days by [REDACTED]: Upheld

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

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

Decision rationale: The decision for home health care with transportation, household chores, meal preparation, and yard maintenance 24 hours a day, 365 days by the patient's son is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence the patient has chronic neck pain related to the previous surgical intervention. However, the clinical documentation submitted for review does not provide any evidence that the patient is homebound on an intermittent or full-time basis or is unable to perform any of the requested services. California Medical Treatment Utilization Schedule states, "medical treatment does not include home maker services like shopping, cleaning, laundry, and personal care." Recommendations also limit home health to patients who are home bound on a part-time or intermittent basis for no more than 35 hours per week. The request exceeds this recommendation. There are no exceptional factors within the documentation to support extension of treatment beyond guideline recommendations. As such, the requested decision for home health care with transportation, household chores, meal preparation, and yard maintenance 24 hours a day, 365 days a year by [REDACTED] is not medically necessary or appropriate.