

Case Number:	CM13-0029143		
Date Assigned:	11/27/2013	Date of Injury:	03/07/2011
Decision Date:	02/07/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/26/2013

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 Family Practice 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 54-year-old male who reported injury on 03/07/2011. The mechanism of injury was not provided. The patient's physical examination note to the accompanying request, dated 08/13/2013, was handwritten and difficult to read. The patient's diagnoses were noted to include fusion of the lumbar spine at L4-5 and spondylolisthesis. The request was made for continued home care 12 hours per day 7 days a week for 6 weeks to aid in bathing, dressing, meal preparation, doing dishes, housecleaning, and laundry, which is currently provided by the wife.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued home care twelve (12) hours per day; seven (7) days per week for six (6) weeks to aide with bath, dress, meal prep, doing dishes, house cleaning, laundry, (provided by wife): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - ODG Guidelines, Pain chapter.

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

Decision rationale: The Chronic Pain Guidelines indicate that home health services are recommended only for patients who are homebound and who are in need of part time or "intermittent" medical treatment of up to 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 bathroom when this is the only care needed. Clinical documentation submitted for review failed to indicate that the patient had the need for medical services to support home health services. Additionally, it failed to indicate that the patient was homebound. Given the above, and the lack of documentation indicating exceptional factors to warrant non-adherence to guideline recommendations, which do not include homemaker services, the request for continued home care 12 hours per day 7 days per week for 6 weeks to aid with bath, dress, meal prep, doing dishes, housecleaning, laundry, (provided by wife) is not medically necessary.