

Case Number:	CM13-0032697		
Date Assigned:	12/11/2013	Date of Injury:	07/07/2004
Decision Date:	02/10/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	10/08/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 57-year-old male who reported an injury on 07/07/2004. The mechanism of injury was not provided. It was noted the patient avoids driving, stair climbing, and shopping due to pain, decreased strength, and limited mobility. It was indicated the patient was agoraphobic and avoids leaving his home. It was indicated the caregiver prepares all of his meals. The caregiver was noted to be from [REDACTED]. The caretaker was noted to perform the household chores. The patient's diagnosis was noted to be status post laminectomy. The request was made for a Home health aide four (4) hours a day, five (5) days a week for twelve (12) weeks with a registered nurse (RN) evaluation prior to the end of care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health aide four (4) hours a day, five (5) days a week for twelve (12) weeks with a registered nurse (RN) evaluation prior to the end of care: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51. Decision based on Non-MTUS Citation OGD, Low Back Chapter, and <http://www.medicare.gov/Publications/Pubs/pdf/10969.pdf>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health 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. The patient was noted to have pain described as "being beat on the lower back with a hammer". The patient was noted to have agoraphobia and to be seeing a therapist for the condition. The patient had decreased range of motion and decreased sensation in the right L4-L5 to pin prick. The patient's deep tendon reflexes in the right lower extremity were noted to be decreased. The clinical documentation submitted for review indicated that the patient's home health aide performs the activities the patient is in need of. There is a lack of documentation indicating the necessity for licensed personnel to perform medical treatment. The guidelines do not include provisions for home health aides. The request included an RN evaluation at the end of the care and failed to indicate the rationale for the request. Given the above, and the lack of documentation of exceptional factors, the request for home health aide four (4) hours a day, five (5) days a week for twelve (12) weeks with a registered nurse (RN) evaluation prior to the end of care is not medically necessary.