

Case Number:	CM13-0033885		
Date Assigned:	03/03/2014	Date of Injury:	03/29/2001
Decision Date:	04/30/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/08/2013

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 Geriatrics, and is licensed to practice in New York. 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:

The injured worker is a 70-year-old with a date of injury of March 29, 2001. The patient was seen by his pain management physician on 8/13/13 with complaints of low back pain with right hip and left leg pain, neck pain with arm pain and shoulder pain. Multiple imaging studies were reviewed including CT of the lumbar spine with neural foraminal stenosis at multiple levels. The patient's physical exam showed he was seen in his electric wheelchair. The patient had decreased sensation along the posterior aspect of the right leg with difficulty with two point discrimination. The patient had tender paralumbar muscles and severely limited lumbar spine range of motion. Sit to stand transfer was difficult and he complained of dysphagia symptoms. The patient's cervical spine range of motion and right shoulder range of motion were reduced with crepitus and pain in the shoulder joint. The patient's exam was said to be unchanged from the prior visit. The patient took multiple medications including ambien, soma, fentanyl patch, dilaudid, fentora, lyrica, zoloft, ativa and methadone. Among the many recommendations was the recommendation for home health care which is at issue in this review. The patient's diagnoses were lumbago, thoracolumbosacral radiculitis and post-laminectomy syndrome-lumbar region.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH CARE 8 HOURS PER DAY 7 DAYS A WEEK: 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 Page(s): 51.

Decision rationale: This injured worker has chronic back pain with a long history of medication use and diagnostic/therapeutic treatments. The records document difficulty with sit to stand transfers the request is for home health assistance services at eight hours per day for 7 days per week as his wife can no longer serve as the primary caregiver. According to the Chronic Pain Medical Treatment Guidelines, home health services are recommended only for otherwise 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 home health aides like bathing, dressing, and using the bathroom when this is the only care needed. The request is for 56 hours per week which is beyond the recommended amount and for caregiver tasks such as bathing, dressing and transferring. The records do not substantiate that he is homebound as he is up as tolerated in his electric wheelchair and the records do not document other areas of functional difficulty or activities of daily living decline. The request for home health care, eight hours daily, seven days per week, is not medically necessary or appropriate.