

Case Number:	CM13-0034468		
Date Assigned:	12/06/2013	Date of Injury:	11/01/1965
Decision Date:	02/04/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/15/2013

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 Internal Medicine and is licensed to practice in Rhode Island. 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 claimant is an 81-year-old male who has a date of injury of 11/1/65. His most recent evaluation is from 09/13. He has lumbar radiculitis, chronic low back pain, difficulty with walking, and antalgic gait. He also has coronary artery disease, Parkinson's disease and chronic kidney disease. The claimant is able to walk with a cane about half a block. He is unable to drive. His exam shows bilateral leg weakness and antalgic gait. He also has sensory loss in both lower extremities. The request is for home health services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six months of home health aide, 4 hours per day, 5 days a week: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services.

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

Decision rationale: The guidelines recognize a need for home health services if the patient is homebound and the services are provided as part of an overall program of care, including treatments such as physical therapy and other modalities. They should not be solely for the

purpose of assistance with bathing, cleaning the home, laundry and other daily living activities. It appears that home health services in this case are medically necessary.