

Case Number:	CM13-0035244		
Date Assigned:	12/13/2013	Date of Injury:	01/21/2012
Decision Date:	05/20/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	10/29/2013

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 Occupational Medicine and is licensed to practice in California. 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:

According to the records made available for review, this is a 26-year-old male with a 1/21/12 date of injury. At the time (10/7/13) of the request for authorization for home care assistance 4 days per week for 2 weeks, there is documentation of subjective (right knee pain with popping and clicking, also has low back pain radiating across low back) and objective (tender MJL and peripatellar, positive crepitus, and tender paraspinals lumbar spine) findings, current diagnoses (right knee (illegible), L/S sprain/strain with BLE radiculopathy, the rest is illegible due to handwritten note), and treatment to date (medication and therapy). There is no documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed), the patient is homebound on a part-time or intermittent basis, and the specific hours per day.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME CARE ASSISTANCE 4 DAYS PER WEEK FOR 2 WEEKS: 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 Home Health Services Page(s): 51.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and the patient is homebound on a part-time or intermittent basis, as criteria necessary to support the medical necessity of home health services. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of no more than 35 hours per week. Within the medical information available for review, there is documentation of diagnoses of right knee (illegible); L/S sprain/strain with BLE radiculopathy, the rest is illegible due to handwritten note. However, there is no documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and the patient is homebound on a part-time or intermittent basis. In addition, there is no documentation of the specific hours per day. Therefore, based on guidelines and a review of the evidence, the request for authorization for home care assistance 4 days per week for 2 weeks is not medically necessary.