

Case Number:	CM13-0036910		
Date Assigned:	12/13/2013	Date of Injury:	01/06/2012
Decision Date:	02/05/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/21/2013

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 Cardiology, has a subspecialty in Cardiovascular Disease 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 69-year-old female who reported injury on 01/06/2012. The mechanism of injury was not provided. The patient was noted to be capable of lifting weights, vacuuming and it was noted the patient cannot carry groceries up the stairs which includes 17 steps. The patient was noted to have pain and a lifting limitation of 20 pounds. The patient's range of motion was decreased in all planes. The patient's diagnoses were noted to include status post anterior cervical decompression fusion on 02/26/2013 from C4 through C7, HNP of the lumbar spine with stenosis, and cervical and lumbar radiculopathy. The request was made for a home health aide 6 hours per day 2 days per week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health aide 6 hours per day, 2 days a week, for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51. Decision based on Non-MTUS Citation ODG, Low Back, Home Health Services

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

Decision rationale: CA MTUS states 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 clinical documentation submitted for review failed to indicate the patient had medical needs that would require medical personnel to perform. Additionally, it was indicated that the request was made due to the patient having difficulty lifting her groceries and carrying them up the stairs. Given the above, and the lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations, the request for home health aide 6 hours per day, 2 days a week, for 4 weeks is not medically necessary.