MAXIMUS Federal Services

Case Number:	CM13-0037221		
Date Assigned:	12/13/2013	Date of Injury:	02/01/2000
Decision Date:	04/10/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/24/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management 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:

This is a male patient with a date of injury of February 1, 2000. A progress report dated September 23, 2013 indicates that the patient continues to have slight to moderate with occasionally severe low back pain which radiates into the right lower extremities. The patient is able to sit for 20 minutes, stand for 10 minutes and walk one block. He also has bilateral wrist pain as well as tingling into the 4th and 5th fingers of the left hand and 5th finger of the right hand. The patient has not undergone physical therapy treatment and currently takes Norco, Motrin, Ambien, and Soma. Authorization for physical therapy has been denied by the insurance carrier. The note reviews an agreed medical reevaluation dated April 22, 2013 which indicates he essentially can do no housework whatsoever. He is exceedingly limited in what he can do. This is a gentleman who clearly needs home care. The note goes on to state that the patient continues to have significant ongoing difficulties at home and is in need of home care assistance. A note dated August 13, 2013 recommends home healthcare as the patient is unable to perform most activities of daily living including household chores and self-care. An agreed medical evaluation dated April 22, 2013 indicates that the patient has moderate to severe impairment with self-care, personal hygiene, communication, sensory function, nonspecialized hand activity, and travel. Severe impairment is noted in sexual function and sleep. Motor examination of the legs reveals normal strength and mild decreased sensation to light touch. The patient is able to walk with a walker.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 HOME HEALTH AIDE VISITS, (4) HOURS A DAY, (3) DAYS A WEEK FOR (8) WEEKS TO ASSIST WITH ACTIVITIES OF DAILY LIVING RELATED TO LUMBAR SPINE SURGERY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Disorders.

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

Decision rationale: California MTUS states that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, and 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. Within the documentation available for review, there is no documentation that the patient is homebound and in need of specialized home care (such as skilled nursing care, physical, occupational, or speech-language therapy) in addition to home health care. In the absence of such documentation, the currently requested home health care is not medically necessary.