

Case Number:	CM13-0037975		
Date Assigned:	12/18/2013	Date of Injury:	04/13/2013
Decision Date:	02/14/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/24/2013

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 Physical Medicine & Rehabilitation 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 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 34-year-old male who reported an injury on 04/13/2013. The mechanism of injury was not provided. The patient was noted to live alone and was noted to need help around the house and with his pain. It was indicated that the patient had to call an ambulance when he cannot move due to spasming. The diagnosis was noted to be a lumbar disc herniation with radiculopathy, and a request was made for a home health evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

home health evaluation QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: CA MTUS states that 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, while indicating that the patient had a necessity for someone to help him at home, failed to provide that the patient needed assistance with medical treatment. There was a lack of documentation of the rationale for the necessity for home health services. Given the above, the request for a home health evaluation (Quantity: 1.00) is not medically necessary.