

Case Number:	CM13-0041523		
Date Assigned:	12/20/2013	Date of Injury:	12/21/1998
Decision Date:	02/20/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/29/2013

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 and Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in Illinois and 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 58-year-old female who reported an injury on 05/01/2008 due to repetitive lifting causing injury to bilateral knees, bilateral hips, and low back. Prior treatments included psychological support, medications, surgical intervention to the left hip and right knee, physical therapy, chiropractic treatment, and aquatic therapy. The patient's most recent clinical evaluation indicated that the patient had pain in the low back, right hip, and bilateral knees. Physical findings included tenderness to palpation in the lumbosacral area, disturbed sensation to light touch on the mid anterior thigh and mid lateral calf with right lateral ankle reflexes diminished. The patient's diagnoses included status post bilateral total hip replacement, status bilateral knee surgery, and lumbar spine disc bulge. The patient's treatment plan included home health services, continuation of medications, a Sleep Number bed, and physical therapy evaluation for home safety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Care: 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: The requested Home Health Care is not medically necessary or appropriate. The clinical documentation does include a verbal telephone order that indicates the patient underwent low back surgery that resulted in surgical site cellulitis and infection of the abdomen. However, the patient's most recent clinical evaluation does not provide any evidence of continued deficits related to this surgical intervention. The California Medical Treatment and Utilization Schedule recommends home health services for patients who are homebound on a part time or intermittent basis. However, medical treatment does not include homemaker services and personal care. The clinical documentation submitted for review does not provide any evidence that the patient is homebound on a part time or intermittent basis. Additionally, the documentation does not clearly identify why the patient is unable to self-manage the requested services. As such, the requested Home Health Care is not medically necessary or appropriate