

Case Number:	CM13-0041606		
Date Assigned:	12/20/2013	Date of Injury:	09/05/2013
Decision Date:	03/05/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/15/2013

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 Family Practice 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 39-year-old male who reported a work-related injury on 09/05/2013, as a result of a fall. The patient subsequently is diagnosed with contusion of the low back, contusion of the chest wall, contusion of the shoulder region, back pain, and situational anxiety. Clinical note dated 09/18/2013 reports the patient was seen under the care of [REDACTED], chiropractor. The provider documents the patient, upon physical exam, has positive cervical spine distraction testing, positive Kemp's, positive Braggard's, and positive straight leg raise eliciting pain. The provider requested multiple interventions for the patient, to include a psych consult, 8 visits of physical therapy, 6 visits of chiropractic treatment, and home assistance for cleaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

1. Home health visits for cooking, cleaning, and help with activities of daily living (ADL)s's for 4 weeks total 28 visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Odg

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

Decision rationale: The Physician Reviewer's decision rationale: The current request is not supported. California MTUS indicates home health services are recommended only for otherwise recommended medical treatment for patients who are homebound on a part-time or intermittent basis, generally up to no more than 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 utilizing the bathroom, when this is the only care needed. Clinical notes failed to document the patient presents with significant objective functional deficits disabling him from cooking, cleaning, and assistance with activities of daily living. In addition, there is a lack of guideline support for the requested home health assistance for the patient, as he is not homebound and was released to modified work duties status post a work-related injury. Furthermore, the clinical notes failed to document the patient has utilized any lower levels of conservative treatment, such as a course of physical therapy for his pain complaints. Given all the above, the request for home health visits for cooking, cleaning, and help with activities of daily living for 4 weeks, for a total of 28 visits is not medically necessary or appropriate.