

Case Number:	CM13-0041929		
Date Assigned:	12/20/2013	Date of Injury:	10/28/2010
Decision Date:	02/24/2014	UR Denial Date:	09/16/2013
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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 reported an injury on 10/28/2010. The mechanism of injury was not provided. Per the documentation of 08/05/2013, the patient was noted to have spasms, tenderness, and guarding in the paravertebral muscles of the lumbar spine, along with decreased range of motion, and decreased dermatomal sensation with pain along the bilateral L5 and S1 dermatomes. The patient's diagnoses were noted to include lumbar sprain/strain, lumbosacral radiculopathy, and thoracic sprain/strain. The patient was noted to be approved for a lumbar arthrodesis at L4-5 and L5-S1. The request was made for home health care 7 days a week, 8 hours a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for home health aide 7 days per week 8 hours per day: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 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. There was a lack of documentation indicating the patient would need home medical treatment and there was a lack of rationale provided. Given the above, and the lack of documentation of the rationale for the request, the request for a home health aide 7 days per week 8 hours per day is not medically necessary.