

Case Number:	CM13-0046042		
Date Assigned:	12/27/2013	Date of Injury:	06/05/2008
Decision Date:	03/07/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/12/2013

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 Occupational Medicine 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 77-year-old male who sustained industrial injury on 06/05/2008 to his left foot. On date of incident, there was a portable heater under his desk for about 10 minutes to keep him warm when the next day, he was noted to have left foot blistering and redness with pain in his left foot/ankle radiating up to his lower back. He was treated with aquatic therapy and medications. He has been undergoing home care services, eight hours a day, 7 days a week for 6 weeks. A note dated 04/19/2013 by [REDACTED] indicates that his weight was 253 lbs, height 73 inches, current BMI is 33. The lumbar exam revealed limited motion, palpatory tenderness, muscle guarding over lumbar paraspinal musculature, SLR positive for radicular complaints into the right calf, Bragard test accentuated the patient's right radicular complaints. Neurological complaints included sensory deficit along the right L5-S1 dermatomal distribution greater than L4 dermatome. Left foot/ankle exam was unchanged. [REDACTED] requested continued aquatic therapy, continued home care, eight hours a day, 7 days a week for 6 weeks supervised weight-loss program and temporarily totally disabled. A progress note dated 08/14/2013 by [REDACTED] revealed antalgic gait to the right, heel toe walk exacerbated by antalgic gait to the right, diffuse tenderness over the paraspinal musculature, moderate facet tenderness at L4 to S1. Lumbar flexion 60, extension 10, Lateral Bending 20 bilaterally. Sensation was decreased in the right L5 and S1 dermatomes. Right big toe extensors 4/5, otherwise 5/5 in bilateral lower extremities. The assessment was lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, insulin-dependent diabetes mellitus, and pacemaker. [REDACTED] recommended transforaminal ESI at right L5-S1 and right S1 levels. A current request is for home care services, 8 hours/day x 7 day/week for 6 weeks, which is previously non-certified by [REDACTED] since documentation does not support that this patient is home bound nor does documentation describe physical impairments that would support the need of home health care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home care assistance 8 hours a day, 7 days a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services.

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

Decision rationale: As per the chronic pain medical treatment guidelines, home health services is only recommended for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. The recommendation does not include homemaker services like shopping, cleaning, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Although records revealed that he has complaints of lower back pain associated with numbness and weakness in legs, there is no documentation that patient has significant physical limitations that require him to be homebound. The treating provider note dated 05/22/2013 indicates that he has been undergoing home care, eight hours per day for cooking, cleaning, grocery shopping, doing the laundry and transportation. Therefore, the request for home care services, 8hours/day x7 days/week x 6 weeks is not medically necessary.