

Case Number:	CM13-0046720		
Date Assigned:	06/09/2014	Date of Injury:	03/20/2006
Decision Date:	08/20/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/01/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury on March 20, 2006. Thus far, the applicant has been treated with the following: analgesic medications, attorney representation, unspecified amounts of physical therapy and chiropractic manipulative therapy over the course of the claim, and earlier lumbar fusion surgery on September 19, 2012. In a Utilization Review Report dated October 10, 2013, the claims administrator denied a request for continued home health care for six weeks, which the applicant's attorney subsequently appealed. In a progress note dated April 18, 2014, the applicant was again placed off of work on total disability with twelve sessions of physical therapy being sought. Multiple progress notes interspersed throughout 2013 and 2014 were notable for comments that the applicant would remain off of work on total disability on March 7, 2014. The attending provider stated that he would again keep the applicant off of work, on total disability, despite the fact that the applicant was one and half years removed from earlier lumbar spine surgery. On September 24, 2013, the attending provider stated that the applicant was having difficulty taking care herself, so the attending provider stated that he would continue home health care while the applicant remained off of work, on total disability. It was not clearly stated what home health services were specifically being requested or sought. Home health services were again requested via request for authorization form dated October 9, 2013. No narrative commentary was attached.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 weeks of 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 topic Page(s): 51.

Decision rationale: Based on the admittedly limited commentary made by the attending provider, the home health services seemingly being sought here represent assistance with activities of daily living, such as cooking, cleaning, and other household services and personal care. Such services are specifically not covered as stand-alone services, as it is noted on page 51 of the MTUS Chronic Medical Treatment Guidelines. Therefore, the request is not medically necessary.