

Case Number:	CM13-0053059		
Date Assigned:	04/25/2014	Date of Injury:	10/28/2009
Decision Date:	07/09/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/18/2013

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:

Injured worker is a female with date of injury 10/28/2009. Per visit note dated 5/23/2013, the injured worker reports that parts of her injury have worsened. She is taking her medication as prescribed. She is unable to dress herself, bathe, cook, shop or get to all of her doctor's appointments. On exam her blood pressure is 180/72 with pulse of 44. She appears to be in mild pain. She is tearful over finances and lack of substantial progress in condition with new caregiver and her formal support dog. Cervical spine has paraspinal muscle tenderness with tight muscle band palpated. Lumbar spine shows straightening of the lumbar spine with loss of the normal lumbar lordosis. There is no spinous process tenderness of the lumbar spine. There is paraspinal muscle tenderness reported in the lumbar spine musculature with trigger point. Decreased flexion (30 degrees) is noted of the lumbar spine. Decreased extension (5 degrees) is noted of the lumbar spine. There is decreased lateral bending to the right (20 degrees) of the lumbar spine. The straight leg raising test is positive at 60 degrees in sitting position. Deep tendon reflexes are equal and symmetric. Still slow, deliberate movement from chair to standing, without assistance. Diagnosis is intervertebral disc disorder with radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST (DOS: 5/25/13) FOR HOME HEALTH AIDE, 5 HOURS A DAY FOR 5 DAYS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines, home health services.

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

Decision rationale: The requesting provider states that the injured worker had previously had 40 hours per week of home health assistance, and it was reduced to 30 hours per week. She is having difficulty with dressing herself, bathing, cooking, shopping and getting to her doctor's appointments. Her injury is an intervertebral disc disorder with radiculopathy. The pertinent exam findings are tenderness to palpation of par spinal muscles and reduced range of motion of lumbar spine. Per the California MTUS guidelines, home health services are only recommended if necessary to provide medical treatment for patients that are homebound and generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, laundry, and personal care given by home health aides such as bathing, dressing, and using the bathroom, when this is the only care needed. There is no indication that the injured worker is receiving any medical care from the home health services she has already received, and none for this request. Therefore, the home health aide services were not medically necessary.

RETROSPECTIVE REQUEST (DOS: 5/29/13) FOR HOME HEALTH AIDE, 5 HOURS A DAY FOR 5 DAYS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines, home health services.

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

Decision rationale: The requesting provider states that the injured worker had previously had 40 hours per week of home health assistance, and it was reduced to 30 hours per week. She is having difficulty with dressing herself, bathing, cooking, shopping and getting to her doctor's appointments. Her injury is an intervertebral disc disorder with radiculopathy. The pertinent exam findings are tenderness to palpation of paraspinal muscles and reduced range of motion of lumbar spine. Per the California MTUS guidelines, home health services are only recommended if necessary to provide medical treatment for patients that are homebound and generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, laundry, and personal care given by home health aides such as bathing, dressing, and using the bathroom, when this is the only care needed. There is no indication that the injured worker is receiving any medical care from the home health services she has already received, and none for this request. Therefore, the home health aide services were not medically necessary.

RETROSPECTIVE REQUEST (DOS: 5/26/13) FOR HOME HEALTH AIDE, 5 HOURS A DAY FOR 5 DAYS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines, home health services.

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

Decision rationale: The requesting provider states that the injured worker had previously had 40 hours per week of home health assistance, and it was reduced to 30 hours per week. She is having difficulty with dressing herself, bathing, cooking, shopping and getting to her doctor's appointments. Her injury is an intervertebral disc disorder with radiculopathy. The pertinent exam findings are tenderness to palpation of paraspinal muscles and reduced range of motion of lumbar spine. Per the California MTUS guidelines, home health services are only recommended if necessary to provide medical treatment for patients that are homebound and generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, laundry, and personal care given by home health aides such as bathing, dressing, and using the bathroom, when this is the only care needed. There is no indication that the injured worker is receiving any medical care from the home health services she has already received, and none for this request. Therefore, the home health aide services were not medically necessary.

RETROSPECTIVE REQUEST (DOS: 5/30/13) FOR HOME HEALTH AIDE, 5 HOURS A DAY FOR 5 DAYS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines, home health services.

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

Decision rationale: The requesting provider states that the injured worker had previously had 40 hours per week of home health assistance, and it was reduced to 30 hours per week. She is having difficulty with dressing herself, bathing, cooking, shopping and getting to her doctor's appointments. Her injury is an intervertebral disc disorder with radiculopathy. The pertinent exam findings are tenderness to palpation of paraspinal muscles and reduced range of motion of lumbar spine. Per the California MTUS guidelines, home health services are only recommended if necessary to provide medical treatment for patients that are homebound and generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, laundry, and personal care given by home health aides such as bathing, dressing, and using the bathroom, when this is the only care needed. There is no indication that the injured worker is receiving any medical care from the home health services she has already

received, and none for this request. Therefore, the home health aide services were not medically necessary.

RETROSPECTIVE REQUEST (DOS: 5/31/13) FOR HOME HEALTH AIDE, 5 HOURS A DAY FOR 5 DAYS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines, home health services.

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

Decision rationale: The requesting provider states that the injured worker had previously had 40 hours per week of home health assistance, and it was reduced to 30 hours per week. She is having difficulty with dressing herself, bathing, cooking, shopping and getting to her doctor's appointments. Her injury is an intervertebral disc disorder with radiculopathy. The pertinent exam findings are tenderness to palpation of paraspinal muscles and reduced range of motion of lumbar spine. Per the California MTUS guidelines, home health services are only recommended if necessary to provide medical treatment for patients that are homebound and generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, laundry, and personal care given by home health aides such as bathing, dressing, and using the bathroom, when this is the only care needed. There is no indication that the injured worker is receiving any medical care from the home health services she has already received, and none for this request. Therefore, the home health aide services were not medically necessary.