

Case Number:	CM13-0056670		
Date Assigned:	12/30/2013	Date of Injury:	11/15/1996
Decision Date:	05/06/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/22/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

This is a 69 year-old female with an 11/15/1996 industrial injury claim. She has been diagnosed with a grade 1 anterolisthesis of L3 on L4 and L4 on L5; significant eburation of the endplates at L3/4 and L4/5; moderate disc collapse at L2/3 and L5/S1 with associated severe facet arthropathy; significant foraminal compromise at L2/3, L3/4 and L4/5 segments; osteoarthritis left hip, s/p left total hip replacement, severe degenerative disease at the right hip. According to the 10/31/13 psychiatry/pain management report from [REDACTED], the patient presents with severe lymphedema and states her surgery was canceled as a result. She was instructed to attend a clinic for treatment daily for 4-6 weeks to resolve it, but she requires transportation as she is in a wheelchair and unable to drive. She says her home health care assistance has stopped making in nearly impossible for her to care for herself. [REDACTED] states the patient was not able to care for her home and has relocated to an apartment, and because of the severe lymphedema has been unable to walk more than a few steps and relies on the wheelchair for mobility. She is struggling with ADLs. [REDACTED] requested home health assistance 2-hours a day twice a week for 6-weeks to help with bathing, cleaning and assist with her lymphedema treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health aide two hours a day, twice a week for six days: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

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

Decision rationale: The patient presents in a wheelchair with severe lymphedema. Home health care was requested 2 days a week for 2 hours/day for 6-weeks. The medical care was to assist with lymphedema treatment as well as bathing and ADLs the request is in accordance with the MTUS guidelines.