MAXIMUS Federal Services

Case Number:	CM13-0058641		
Date Assigned:	12/30/2013	Date of Injury:	11/21/2005
Decision Date:	10/03/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/27/2013

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 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 injured worker is a 41-year-old male who reported an injury of unknown mechanism on 11/21/2005. On 10/02/2013, his diagnoses included chronic pain syndrome, lumbar radiculopathy, lumbar spine postlaminectomy syndrome, lumbar spine myofascial dysfunction, cervical discogenic pain and cervical myofascial syndrome. Regarding his activities of daily living, it was noted that this injured worker had difficulty preparing meals due to his pain, but he was able to do light cleaning. He was able to self groom with some difficulty. It was noted that he lives with 2 friends who assist him with his ADLs. There was no rationale given for the for home health aide. A Request for Authorization dated 10/21/2013 was included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH AIDE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 206,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: Per the California MTUS Guidelines, home health services are only recommended for patients who are home bound, on a part time or intermittent basis, generally up to no more than 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. It was noted that his roommates do assist him with his ADLs. There was no evidence in the submitted documentation which indicated this injured worker's homebound status or need for home health aide services. Additionally, the request did not specify how many hours per day or how many days per week the services were desired. The need for home health aide services had not been clearly demonstrated in the submitted documentation. Therefore, this request for HOME HEALTH AIDE is not medically necessary.