

Case Number:	CM13-0060393		
Date Assigned:	12/30/2013	Date of Injury:	12/29/2009
Decision Date:	05/07/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	12/03/2013

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 Osteopathic Manipulative Medicine and is licensed to practice in Arizona. 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 55-year-old female who was injured between 12/29/08 - 12/29/09. No other information is available as to the mechanism of injury. The patient walks with a cane, has antalgic gait, complains of pain in the low back, has tenderness to palpation and paraspinal spasm in the lumbar spine on the right more than the left. She's been diagnosed with lumbar spine sprain / strain, status post lumbar interbody fusion at L2-5, lumbar spine herniated nucleus pulposus at L5-S1, right oburator nerve palsy, cervicap spine strain / sprain, right shoulder sprain / strain, left knee sprain / strain, anxiety, depression, fibromyalgia, right wrist sprain / strain and de Quervain's tenosynovitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Home Health Aide 4-5 hours a day x 7 days per week: 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 Page(s): 51.

Decision rationale: Home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, 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. The documentation provided does not document the patient's living status, as to whether or not she is homebound or is able to provide for her basic needs outside the home. As a result, the request for Home Health Aide is not medically necessary.