

Case Number:	CM13-0062419		
Date Assigned:	12/30/2013	Date of Injury:	02/13/2002
Decision Date:	03/31/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 physician 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 patient is a 57-year-old male who reported an injury on 02/13/2002. The mechanism of injury was not provided in the medical records. He is diagnosed with left mid back pain, low back pain with disc disease and status post lumbar surgery in 02/2012. The 10/28/2013 office note indicates that the patient was having difficulty with his activities of daily living, including difficulty getting around his apartment and up and down his stairs. A recommendation was made for a home health.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care (no duration/frequency): Upheld

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 Chronic Pain Guidelines indicate that home health may be recommended for the medical treatment of patients who are homebound. The guidelines specify that medical treatment does not include homemaker services or personal care given by home health aides when this is the only care needed. The clinical information submitted for review

indicated that the patient was having difficulty getting around his home and up and down stairs; however, there was no indication that the patient needed home health for medical treatment. In the absence of a specific medical need for a home health aide, the request is not supported by evidence-based guidelines. As such, the request is non-certified.