

Case Number:	CM13-0064262		
Date Assigned:	01/03/2014	Date of Injury:	03/29/1999
Decision Date:	04/11/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/11/2013

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 Family Practice 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 female who reported injury on 03/29/1999. The mechanism of injury was noted to be the patient slipped backwards on a floor and was thrown to the floor and fell backwards. The patient had a left sacroiliac fusion using screws, rods and nerve monitoring on 07/12/2013. The patient's diagnosis was noted to be lumbo/lumbosacral disc degeneration per the Application for Independent Medical Review. The submitted request was for a home assistant.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home assistant: 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 Home Health Services Section Page(s): 51.

Decision rationale: The California MTUS Guidelines indicate that home health services are recommended only for patients who are homebound and who are in need of part time intermittent medical treatment for up to 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.

There was a lack of documentation indicating a necessity for the requested home assistant. There was no DWC Form RFA or PR-2 submitted with the request for the home assistant. The request as submitted failed to indicate the quantity of hours being requested. Given the above, the request for a home assistant is not medically necessary.