

Case Number:	CM13-0071871		
Date Assigned:	01/08/2014	Date of Injury:	03/27/2009
Decision Date:	04/30/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	12/30/2013

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 Family Practice 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 patient is a 55-year-old female who reported injury on 03/27/2009. The mechanism of injury was noted to be the patient was making a client's bed, tucking in the sheets and straightening a rug in the room. Documentation of 11/27/2013 revealed that the patient was denied authorization for a surgical procedure. The patient had right-sided neck pain radiating into the right upper extremity and with a pain score of 10/10 on the VAS. The patient's diagnoses included thoracolumbar scoliosis, anterolisthesis C4-5, auto fusion C5-6, L3-4 and L4-5 severe disc degeneration with facet arthropathy, L4-5 moderate central and moderate bilateral foraminal stenosis with grade 1 anterolisthesis, L3-4 moderate central and right-sided stenosis severe disc space collapse, L5-S1 severe disc space collapse, left L5 pars defect with severe left foraminal narrowing and right L3 and left L5 radiculopathy. The patient's medications were noted to allow the patient to perform basis personal hygiene and minimal ADLs. It was indicated the patient was a fall risk and therefore there was a request for 6 hours of in home care services while the family was unable to care for her.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME CARE SIX (6) HOURS PER DAY, SEVEN (7) DAYS PER WEEK: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: California MTUS Guidelines recommend home health services for patients who are homebound and who are in need of part time or intermittent medical treatment for up to 35 hours per week. This medical treatment does not include homemaker services or personal care given by home health aides. Clinical documentation submitted for review failed to provide documentation that the patient was homebound and in need of medical care. Additionally, the request as submitted failed to indicate the duration for the requested home care. Given the above, the request for home care 6 hours per day 7 days per week is not medically necessary.