

Case Number:	CM14-0000073		
Date Assigned:	01/10/2014	Date of Injury:	09/28/1998
Decision Date:	06/05/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/31/2013

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 & 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 64 year old female who reported an injury on 09/28/1998 of unknown mechanism. The progress note dated 08/14/2013 revealed the injured worker with diagnoses of pancreatic cancer, diabetes mellitus, gastritis and hypertension. The injured worker is permanently out of work. The clinical note dated 09/04/2013 indicated the injured worker reported pain to the low back and hip that radiated down her left lower extremity. On physical exam, the lumbar spine range of motion findings were 60 degrees, extension 50 degrees, lateral flexion to the left was 50 degrees, to the right 75 degrees. The rotation to the left was 50 degrees and 75 degrees to the right. The range of motion to the lower extremities findings were the straight leg raising test to the right side was 90 degrees and to the left was limited to 60 degrees. Unofficial x-rays of the lumbar spine indicated a significant decrease in the disc space between L5-S1. The medication regimen is Ultram. The request for authorization was submitted on 08/15/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH AID 4 HOURS A DAY, 6 DAYS A WEEK FOR 12 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index 9th Edition Web 2011.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH SERVICES Page(s): 51.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines recommend home health services for 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 injured worker requires medical treatment and there is lack of documentation of the injured worker's homebound status. There is also lack of documentation as to the therapy the provider will provide in the homebound setting. Therefore, the request for home health aid 4 hours a day, 6 days a week for 12 weeks is not medically necessary and appropriate.

RN EVALUATION PRIOR TO END OF CARE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index 9th Edition Web 2011.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH SERVICES Page(s): 51.

Decision rationale: The injured worker was diagnosed with pancreatic cancer, diabetes mellitus, gastritis and hypertension. The California Chronic Pain Medical Treatment Guidelines recommend home health services for 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 concurrent request for home health was non-certified; as a result, there is no need for a RN evaluation. Therefore, the request for RN evaluation prior to end of care is not medically necessary and appropriate.