

Case Number:	CM14-0000621		
Date Assigned:	01/17/2014	Date of Injury:	04/07/1988
Decision Date:	06/13/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/02/2014

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 Tennessee, California, and Virginia. 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 56 year old male whose date of injury is 04/07/1988. The mechanism of injury is described as a fall. CT of the cervical spine dated 11/10/11 revealed prior anterior cervical fusion C5-C7. Client weekly flowsheets dated March through July 2013 indicate home health services provided light housekeeping and laundry as well as preparing and cooking meals. Home care re-evaluation dated 03/26/13 indicates that attendant/custodial care services have been provided for approximately two years. It is reported that the injured worker needs assistance with cleaning, laundry, linen change, transportation and grocery shopping. CT myelogram of the cervical spine dated 07/31/13 revealed prior fusion C5-7, mild to moderate central canal narrowing from C3 through C7, mild broad based disc bulge at C3-4, and 1-2 mm rounded soft tissue density at left C4-5 neural foramen. Supplementary report dated 08/13/13 indicates that the injured worker receives 4 hours of home health care daily to include meal preparation, cooking and cleaning. Follow up note dated 08/22/13 indicates that the injured worker has a remote history of lumbar fusion surgery. Diagnosis is radiculopathy and severe pain syndrome. Home care re-evaluation dated 09/09/13 indicates that the injured worker is unable to clean or do meal preparation and is unable to do laundry. History dated 11/26/13 indicates that he uses Norco, Flexeril, Fentanyl patches, and Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH AIDE 4 HOURS PER DAY, 7 DAYS PER WEEK, FOR 8 WEEKS.:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chapter: home health services Page(s): 51.

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

Decision rationale: Based on the clinical information provided, the request for home health aide 4 hours per day, 7 days per week for 8 weeks is not recommended as medically necessary. California Medical Treatment Utilization Schedule (CAMTUS) guidelines support home health services for injured workers who are homebound on a part-time or intermittent basis. CA MTUS guidelines report that 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 submitted records indicate that the injured worker has received extensive home health services for housekeeping, laundry and preparing and cooking meals. There is no indication that any otherwise recommended medical treatment is required by the patient at this time. Therefore, the request does not meet CA MTUS guidelines.

RN EVAL PRIOR TO END OF CARE.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services..

Decision rationale: Based on the clinical information provided, the request for RN evaluation prior to end of care is not recommended as medically necessary. Given that the concurrent request for home health aide has been not medically necessary the request for RN evaluation prior to end of care is not medically necessary.

HOUSEKEEPER 2 HOURS PER DAY, 2 DAYS A WEEK, FOR 8 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines. Chapter: low back, home health services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services..

Decision rationale: Based on the clinical information provided, the request for housekeeper 2 hours per day, 2 days a week for 8 weeks is not recommended as medically necessary. CA MTUS guidelines report that 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.

