

Case Number:	CM14-0001329		
Date Assigned:	01/22/2014	Date of Injury:	05/12/1995
Decision Date:	04/07/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/03/2014

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 Pain Management, has a subspecialty in Disability Evaluation, and is licensed to practice in California, Maryland, District of Columbia, and Florida. 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:

As per medical records provided for review, the patient is a 73-year-old female with a stated date of injury of 5-12-1995. Mechanism of injury has not been described. In the 11/22/13 progress report indicates that the patient has undergone multiple low back surgeries and has had a poor outcome. She has persistent low back pain and lower extremity radicular symptoms, and has developed a pseudomeningocele, which requires incision and drainage. She has a decreased ability to bend, lift and carry, all of which affects her activities of daily living. At issue is the request for Home care assistance four (4) hours per day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home care assistance four (4) hours per day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Service Page(s): 51 of 127.

Decision rationale: CA-MTUS, page 51, states that home health services are recommended only for otherwise required medical 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. (CMS, 2004). Therefore the request for Home care assistance four (4) hours per day is not medically necessary.