

Case Number:	CM14-0003768		
Date Assigned:	02/03/2014	Date of Injury:	08/14/2012
Decision Date:	06/20/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/10/2014

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 Anesthesiology and Pain Medicine, and is licensed to practice in 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 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 46-year-old male who reported an injury on 8/14/12. The mechanism of injury was lifting a hydraulic lift arm weighing approximately 20 pounds above his head, which injured his low back. The prior treatment included chiropractic treatments, physical therapy, and epidural steroid injections followed by physical therapy. The injured worker's diagnoses included lumbar spine L4-5 degenerative disc disease, L4-S1 herniated disc, L4-S1 stenosis, low back pain, and bilateral lower extremity radiculopathy right greater than left. The documentation indicated that the injured worker was certified for surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH AIDE (6) HOURS PER DAY FOR (2) WEEKS, POST BACK SURGERY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, Home Health Services, 51

Decision rationale: The California MTUS Guidelines indicate that home health services are recommended only for injured workers who are home bound and are in need of part time or intermittent medical treatment of 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 including bathing, dressing, and using the bathroom when this is the only care needed. There was no DWC form RFA nor PR-2 submitted for review. There was no clinical documentation submitted with a documented rationale. There was no indication that the injured worker had a necessity for home care. As such, the request is not medically necessary.