

Case Number:	CM14-0004476		
Date Assigned:	02/05/2014	Date of Injury:	12/08/2009
Decision Date:	07/25/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/13/2014

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 Occupational Medicine 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 80-year-old female who has submitted a claim for other unspecified disorders of the back associated with an industrial injury date of December 8, 2009. Medical records from 2012 to 2013 were reviewed. The patient has been on home care assistance as far back as September 2012. A home care evaluation done December 10, 2013 states that the patient needs total assistance due to her age, unsteadiness, shuffling gait, and Parkinson's disease. Currently, she complains of low back pain radiating to the right lower extremity and is currently using her walker to prevent falls. Falls were noted since September 2012 and is still documented at approximately once per month. Physical examination showed ambulation with a walker and with the left foot leading each step; limitation of motion of the lumbar spine; positive straight leg raise on the right; and difficulty with heel standing and toe standing on the right as compared to the left. The diagnoses were left wrist injury secondary to fall; acute right lower back pain primarily in the sacroiliac joint region; right trochanteric bursitis, rule out DJD of the hip; multilevel degenerative disc disease with central canal stenosis at L1-L2, L2-L3, L3-L4 and L4-L5; lumbar facet arthropathy with degeneration; bilateral calf and lower leg pain with neuropathic features in the feet; and Parkinson's disease. Treatment plan includes a request for continued home health care. Treatment to date has included oral analgesics, brain surgery, back surgery, cortisone injections, chiropractic treatment, left wrist casting and bracing, lumbar epidural and facet injections, physical therapy and home health care. Utilization review from December 30, 2013 denied the request for home health aide 20 hours/day/7days/week x 12 weeks with RN evaluation prior to the end of care because there was no documentation that the patient is home-bound and requires recommended medical treatment and homemaker services.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH AIDE 20 HOURS/ DAY/ 7 DAYS/ WEEK X 12 WEEKS WITH RN EVALUATION PRIOR TO THE END OF CARE: 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 Services Page(s): 51.

Decision rationale: As stated on page 51 of CA MTUS Chronic Pain Medical Treatment Guidelines, home health services are only recommended for otherwise recommended medical treatment for patients who are home-bound, 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. In this case, the patient has receive home health care as far back as September 2012 due to frequent falls. She has a history of multiple falls. Currently, falls were still documented as at approximately once per month. A home care re-evaluation done on December 10, 2013 showed that the patient needs total assistance due to her age, unsteadiness, shuffling gait, and Parkinson's disease. It also states that the patient needs a caregiver at night/overnight due to safety reasons. Although the patient may benefit from the assistance of home health aide due to high risk of falls, the request for 20 hours of home health aide service daily exceeds the guideline recommendation. There was no discussion concerning the need for variance from the guideline. Therefore, the request for Home Health Aide 20 Hours/ Day/ 7 Days/ Week X 12 Weeks With Rn Evaluation Prior To The End Of Care Is Not Medically Necessary.