

Case Number:	CM14-0006056		
Date Assigned:	04/07/2014	Date of Injury:	06/29/2006
Decision Date:	05/27/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/15/2014

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:

According to the records made available for review, this is a 47-year-old female with a 6/29/06 date of injury. At the time (12/11/13) of request for authorization for home health aide 5 hrs/day, 4 days/week (duration not specified), there is documentation of subjective finding of difficulty with mobility, falling frequency, and bilateral knee pain. Objective findings revealed body mass index (BMI) of 21.63. The current diagnoses include lumbar spondylolisthesis, lumbar radiculopathy, and complex regional pain syndrome right lower extremity. The treatment to date includes medications. The medical reports identify that the patient needs in-home assistance in regard to her functional abilities to help with mobility, activities of daily living, cleaning, meal preparation, and to assist with access to the community such as shopping for self-care needs. There is no documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and the patient is homebound on a part-time or intermittent basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH AIDE 5 HRS/DAY, 4 DAYS/WEEK (DURATION NOT SPECIFIED):
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Home health services Page(s): 51.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and the patient is homebound on a part-time or intermittent basis, as criteria necessary to support the medical necessity of home health services. In addition, the MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of no more than 35 hours per week. Within the medical information available for review, there is documentation of diagnoses of lumbar spondylolisthesis, lumbar radiculopathy, and complex regional pain syndrome right lower extremity. In addition, there is documentation of subjective findings (difficulty with mobility, falling frequency, and bilateral knee pain). However, despite documentation of a rationale that the patient needs in-home assistance in regard to her functional abilities to help with mobility, activities of daily living, cleaning, meal preparation, and to assist with access to the community such as shopping for self-care needs, there is no documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and the patient is homebound on a part-time or intermittent basis. Therefore, based on guidelines and a review of the evidence, the request for home health aide 5 hrs/day, 4 days/week (duration not specified) is not medically necessary.