

Case Number:	CM14-0006858		
Date Assigned:	02/07/2014	Date of Injury:	07/15/2009
Decision Date:	06/23/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/17/2014

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 Physical Medicine & Rehabilitation 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 65-year-old female with a July 15, 2009 date of injury. As of November 20, 2013 the request for authorization for home health assistance, there is documentation of subjective moderate pain in the right hip and difficulty with prolonged standing and ambulation and objective severe weakness in the right quadriceps, psoas right hip and leg findings. The current diagnoses of multilevel lumbar disc herniation with acute L4 and L5 radiculopathy and end stage osteoarthritis of the right hip, and treatment to date (medications). 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 ASSISTANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, OCCUPATIONAL MEDICINE PRACTICE 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 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. 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 California 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 multilevel lumbar disc herniation with acute L4 and L5 radiculopathy and end stage osteoarthritis of the right hip. However, 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. The patient is homebound on a part-time or intermittent basis. The request is not medically necessary.