

Case Number:	CM14-0009589		
Date Assigned:	01/29/2014	Date of Injury:	07/06/2012
Decision Date:	07/24/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/24/2014

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:

This is a 45-year-old female with a 7/6/12 date of injury. 1/15/14 progress report indicates that the patient underwent cervical disc fusion on 12/17/13, but neck pain and spasm continues, with pain radiating down her right arm. There is also right elbow pain. Physical exam demonstrates right anterior shoulder tenderness, bilateral elbow tenderness, decreased sensation in the bilateral median nerve distribution. Grip strength is decreased bilaterally. Treatment to date has also included medication. 1/6/14 progress report indicates that home health was requested as the patient is dependent on assistant with Adls and does not have homemaker services. Discussion identifies that the patient is homebound at this time and requires assistance with ADLs secondary to neck pain and upper extremity radiculopathy. She is unable to bath herself, or use a bathroom. There is documentation of a previous 12/24/13 adverse determination because the patient was not homebound.

IMR ISSUES, DECISIONS AND RATIONALES

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

**HOME HEALTH AIDE FOUR (4) HOURS PER DAY FIVE (5) DAYS PER WEEK
TIMES TWO (2) WEEKS POST CERVICAL FUSION: Upheld**

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

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

Decision rationale: CA MTUS states that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. However, there is no evidence that the patient would require medical care rendered in a home setting. 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; but those were the exact services identified in the request. Therefore, the request for HOME HEALTH AIDE FOUR (4) HOURS PER DAY FIVE (5) DAYS PER WEEK TIMES TWO (2) WEEKS POST CERVICAL FUSION was not medically necessary.