

Case Number:	CM14-0103254		
Date Assigned:	09/16/2014	Date of Injury:	04/16/2001
Decision Date:	10/15/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/03/2014

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 patient is a 39 year old male employee with date of injury of 4/16/2001. A review of the medical records indicate that the patient is undergoing treatment for chronic pain syndrome, sciatica, abnormality of gait, and closed fracture of dorsal (thoracic) vertebra without spinal cord injury. Subjective complaints include "inability to perform daily activities safely because he had to hold onto an assistive device to keep from falling". Patient reports that the plastic ankle foot orthosis is slippery on the wooden floors in the house, increasing the likelihood of falls (5/28/2014). Patient reports multiple falls and inability to perform meal preparation, housekeeping, laundry, shopping, take out trash, doing dishes, and transportation which prompted him to hire a neighbor to perform household activities (4/30/2014 , 5/28/2014). Objective findings right hand: 1+ pitting edema to the wrist; lumbar/thoracic regions: paraspinal atrophy, with palpation revealing moderate tenderness and paraspinal tenderness, and presence of left knee-ankle for orthosis brace. Range of motion cannot be measured due to pain (3/5/2014). Patient had a left AFO and walked with an antalgic gait expressing decreased knee flexion and needing the assistance of a cane (3/5/2014). Physical exam revealed evidence of unsteady and antalgic gait with difficulty standing (5/28/2014). Treatment has included T12-L1 and L1-2 spinal fusion(unknown date), spinal cord stimulator, ankle foot orthotics, hospital bed, shower, chair, bedside commode, cane, and several pain and psychiatric medications. The utilization review dated 6/24/2014 non-certified the request for home health care 4 hrs. a day, 5 days a week, x 12 weeks-lumbar spine due to lack of documented need for the delivery of medical services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Care 4 hrs a day, 5 days a week, x 12 weeks-Lumbar Spine: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Home Health Services

Decision rationale: According to MTUS and ODG Home Health Services section, "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. 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."Medical records indicate the use of home health services would be for meal preparation, housekeeping, laundry, shopping, take out trash, doing dishes, and transportation. As indicated in MTUS and ODG guidelines, these activities do not constitute medical treatment. As such, the request for home health care 4 hrs. a day, 5 days a week, x 12 weeks-lumbar spine is not medically necessary.