

Case Number:	CM14-0103322		
Date Assigned:	07/30/2014	Date of Injury:	12/07/2005
Decision Date:	09/09/2014	UR Denial Date:	06/20/2014
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 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:

This 53-year-old patient sustained an injury on 12/7/05. Request(s) under consideration include In-Home supportive services, 8 hours a day, 6 days per week, for 8 weeks. The patient is status post (s/p) C5-7 anterior cervical discectomy and fusion (ACDF) surgery. Diagnoses include General convulsive epilepsy with intractable epilepsy. Report of 5/1/14 from the provider noted the patient with more dizziness and seizure like episodes not able to sleep. Exam showed dorsolumbar pain, tenderness, and spasm with limitation in range of flexion and extension; cervical spine with spasm in paraspinal muscles with tenderness and limited flex/ext range; and suboccipital tenderness bilaterally. Diagnoses include seizure convulsive (complex partial seizures), and depressive type psychosis. Treatment included psychotherapy, medications, and home health care. Request(s) for In-Home supportive services, 8 hours a day, 6 days per week, for 8 weeks was modified for 35 hours/week for 3 weeks on 6/18/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

In Home Supportive Services, 8 hours a day, 6 days per week, for 8 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back Chapter, <http://www.medicare.gov/Publications/Pubs/pdf/10969.pdf>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 52.

Decision rationale: The patient is homebound on an intermittent part-time basis. MTUS and Medicare guidelines support home health for patients who are permanently homebound requiring intermittent skilled nursing care or home therapy that do not include homemaker services such as cleaning, laundry, and personal care. The patient does not meet any of the criteria to support this treatment request and medical necessity has not been established. Submitted reports have not adequately addressed the indication or demonstrated the necessity for home health. The patient does not appear permanently homebound as the patient attends office visits independently without documented person or equipment assist. There is no specific deficient performance issue evident as it is reported the patient has no documented deficiency with the activities of daily living. Reports have unchanged chronic symptoms without clear specific neurological deficits identified for home therapy. Submitted reports have not demonstrated support per guidelines criteria for treatment request. Therefore, the In-Home supportive services, 8 hours a day, 6 days per week, for 8 weeks is not medically necessary and appropriate.