

Case Number:	CM14-0109430		
Date Assigned:	08/01/2014	Date of Injury:	06/19/2007
Decision Date:	09/09/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/14/2014

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 62-year-old female with a 6/19/07 date of injury, and status post L4-5 fusion 6/4/14. At the time (6/25/14) of request for authorization for home care for bathing, grooming, dressing change, possible meal preparation, four hours a day for seven days a week for three weeks, there is documentation of subjective (daily and frequent low back pain with intermittent bilateral leg pain, pain rated 8/10) and objective (antalgic gait, utilizes front wheeled walker for ambulation, decreased sensation over the left L5 dermatome distribution) findings, current diagnoses (grade 1 spondylolisthesis L4 on L5, L4-5 moderately severe stenosis, bilateral lumbar radiculopathy, status post L4-5 right laminotomy and posterior spinal instrumentation and fusion 6/4/14), and treatment to date (medications and activity modification). 6/17/14 medical report identifies a request for home care for 4 hours a day, 7 days a week for the next 3 weeks as the patient lives alone and is a fall risk. In addition, 6/17/14 medical report identifies that the patient requires assistance with bathing, grooming, dressing changes, and possibly meal preparation, since the patient currently lives alone and does not have any family members that may assist her at this time. 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 that 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 care for bathing, grooming, dressing change, possible meal preparation, four hours a day for seven days a week for three weeks.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Home Health Services.

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

Decision rationale: 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, 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 grade 1 spondylolisthesis L4 on L5, L4-5 moderately severe stenosis, bilateral lumbar radiculopathy, status post L4-5 right laminotomy and posterior spinal instrumentation and fusion 6/4/14). However, despite documentation that the patient lives alone and is a fall risk, and that the patient requires assistance with bathing, grooming, dressing changes, and possibly meal preparation, since the patient currently lives alone and does not have any family members that may assist her at this time, 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 that 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 care for bathing, grooming, dressing change, possible meal preparation, four hours a day for seven days a week for three weeks is not medically necessary.