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| Case Number: | CM14-0109644 | | |
| Date Assigned: | 08/01/2014 | Date of Injury: | 11/13/2000 |
| Decision Date: | 09/29/2014 | UR Denial Date: | 07/10/2014 |
| Priority: | Standard | Application Received: | 07/15/2014 |

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 and 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:

The patient is a 44-year-old female packaging operator who sustained a work-related injury to her back on 11/13/2000. She was diagnosed with lumbar and cervical disc disease. On 12/23/13 she indicated bilateral trapezial area pain that was constant but varying in intensity, radiating into the left upper extremity associated with hand numbness. Low back pain was constant, centered over the mid low back area radiating to the right mid back area, worsened with multiple activities. At the time of that visit, she has been on personal aide assistance 8 hours per day, 5 days per week, and also 4 hours on Saturday with assistance with ADL's such as showering and cooking. Her aide also helps with putting on socks, pants and shirt, helps with bathing and does her hair. She reported that she would be in bed all day but would on occasion drive when medications wear off. She also reported use of a power chair all the time as she could not walk because of foot pain. She had aide assistance with descending chairs, but she would use a cane when transferring to and from a scooter. She reported no benefit from 6 weeks of post-operative home physical therapy. She uses the TENS unit for pain, and other treatments include PT and work hardening. Lumbar x-ray dated 12/8/11 revealed status post posterior instrument and interbody fusion at L5-S1 and L4-5. Cervical CT scan from 3/26/13 showed crushed vertebrae. Documented medications include OxyContin, oxycodone, baclofen, Vicodin and gabapentin. The request for 44 hours of Home Aide in a week between 7/7/14 and 8/21/14 was denied on 07/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Aid 44 hours a week Between 7/7/14 and 8/21/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Home Health Services.

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

Decision rationale: Per the MTUS guidelines, home health services recommended only for patients who are bedbound 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, laundry and personal care given by home health aids like bathing, dressing and using the bathroom when this is the only care needed. The medical records do not establish the medical necessity in this injured worker; thus the request for a home health aide 44 hours a week between 7/7/14 and 8/21/14 is not medically necessary and appropriate.