

Case Number:	CM14-0011786		
Date Assigned:	02/21/2014	Date of Injury:	12/17/2007
Decision Date:	08/04/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/29/2014

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 Illinois. 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 injured worker is a 44 year-old-female who reported an injury on 12/17/2007. The mechanism of injury is while employed by the [REDACTED], the injured worker began experiencing lower back pain with radiation to the left leg and numbness to the left great toe. The injured worker has been diagnosed with Stage III Desmoid Tumor Retroperitoneum, invasive in 03/2008. The injured worker complains of chronic pain secondary to cancer. Also has a left foot drop and has a left ankle brace. The injured worker is currently receiving chemotherapy. The most recent list of medications are as follows: Compazine, Lorazepam, Lyrica, OxyCodone, OxyContin, Warfarin Sodium and Zofran. The request for authorization form and rationale was not included with the documentation submitted for review.

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, one (1) day a week for twelve (12) weeks, for housekeeping: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation web-based edition (http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html), and on the The Official Disability Duration Guidelines, Treatment in Workers Compensation, 2014 web-based edition.

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

Decision rationale: The injured worker has left foot drop and chronic pain secondary to Stage III Desmoid Tumor Retroperitoneum. The Chronic Pain Guidelines indicate 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 thirty-five (35) hours per week. The guidelines also indicate that medical treatment does not include homemaker services like shopping, cleaning, laundry and personal care given by home health aides like bathing, dressing and using the bathroom when this is the only care needed. Housekeeping is not a medical treatment. Due to the above noted, the request is not medically necessary.