

Case Number:	CM14-0014060		
Date Assigned:	02/21/2014	Date of Injury:	03/18/2004
Decision Date:	06/26/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/04/2014

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, has a subspecialty in Sports Medicine, and is licensed to practice in Texas. 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 56-year-old female who reported an injury on 11/14/2006 due to cumulative trauma while performing normal job duties. The injured worker ultimately underwent total knee replacement in 05/2013. The injured worker was evaluated on 01/13/2014 due to low back pain following a stroke. It was documented that the injured worker had undergone L4 through S1 fusion surgery in 11/2007. Physical findings included tenderness to palpation of the lumbar and cervical musculature, restricted range of motion secondary to pain, and decreased motor strength of the left lower extremity. The injured worker's diagnoses included status post hardware removal and status post right total knee replacement. The injured worker's treatment plan included home health care and continued medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH AIDE 4 HOURS/DAY, 4 DAYS/WEEK FOR 12 WEEKS WITH RN-EVAL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, per CMS 2004 criteria,.

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

Decision rationale: The requested home health aide 4 hours a day, 4 days a week for 12 weeks with RN-Evaluation is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends home health care assistance for injured workers who are homebound on a part-time or intermittent basis. The clinical documentation submitted for review does not provide any evidence that the injured worker is homebound on a part-time or intermittent basis and would require medical assistance. Additionally, the clinical documentation does not adequately describe the type of assistance being requested. As the assistance provided by a home health aide is not generally considered medically necessary, the request is not supported. As such, the requested home health aide for 4 hours per day for 4 days per week for 12 weeks with RN-Evaluation is not medically necessary or appropriate.