

Case Number:	CM14-0015466		
Date Assigned:	02/28/2014	Date of Injury:	04/29/2011
Decision Date:	06/30/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/06/2014

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 Orthopedic Surgery, 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 67-year-old female and her date of injury is 04/29/2011. The mechanism of injury is not described. She is status post C4 through C7 cervical spine fusion on 09/27/12. She reportedly requires assistance with bathing, dressing, mopping, vacuuming and completing laundry. Her husband works full time and her adult daughter attends school full time.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH CARE ASSISTANCE 7 DAYS A WEEK FOR 4 WEKS 4 HOURS A DAY FOR 6 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS Chronic Pain guidelines support home health services for injured workers who are homebound on a part time or intermittent basis. The submitted records fail to establish that this injured worker is homebound on a part time or intermittent basis. There is no current, detailed physical examination submitted for review and no recent home assessment was provided. The submitted records indicate that the injured worker reportedly requires

assistance with bathing, dressing, mopping, vacuuming and completing laundry. The guidelines report that medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Based on the clinical information provided, the request for home health care assistance 7 days a week for 4 weeks 4 hours a day for 6 weeks is not recommended as medically necessary.