

Case Number:	CM14-0015599		
Date Assigned:	02/28/2014	Date of Injury:	09/12/2000
Decision Date:	08/05/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/07/2014

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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 64-year-old female who reported an injury on 09/12/2000. The mechanism of injury was not provided in the medical records. Her diagnoses include lumbar spine sprain/strain, carpal tunnel syndrome of the right wrist, oblique fracture, distal fibula, and right ankle. Her previous treatment included medication and surgery. Within the clinical note dated 12/16/2013, the injured worker indicated that she had increased low back pain. She also had complaints of constant to intermediate, moderate, and occasional severe pain which radiated down her left lower leg to her foot with numbness and tingling of the feet. She reported she uses a wheelchair for ambulation even at home due to her knees giving-way. She also had complaints of intermittent moderate and occasional severe bilateral hand pain which radiated to all fingers. The physician reported the patient was wheelchair bound secondary to right leg weakness and pain. On physical examination of the lumbar spine, the physician reported the injured worker had limited range of motion with pain. The seated straight leg raise test was positive on the left with pain radiating down the posterior aspect of the leg to the foot and on the right, pain radiated to the calf. The gross motor strength of the quadriceps was 5-/5 bilaterally. The physician noted based on the injured worker's current subjective complaints and objective examination findings, authorization is requested for home health care to continue 5 hours per day, 5 days per week for 12 weeks at a time. The request for authorization was provided on 12/16/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH CARE 5 HOURS PER DAY 5 DAYS A WEEK FOR 12 WEEKS:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index 9th Edition Web, 2011.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH SERVICES Page(s): 51.

Decision rationale: The California MTUS Guidelines state home health services are recommended for medical treatment for patients who are home bound, 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, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. The clinical documentation provided failed to document that the injured worker was home bound on a part time or intermittent basis and what services she would require to support the home health care. As such, the request for Home Health Care 5 hours per day 5 days a week for 12 weeks is not medically necessary.