

Case Number:	CM14-0015623		
Date Assigned:	02/28/2014	Date of Injury:	06/10/2008
Decision Date:	06/30/2014	UR Denial Date:	01/30/2014
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 & Rehabilitation 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 55-year-old female who reported an injury on 06/10/2008; the mechanism of injury was not provided within the submitted medical records. Within the clinical note dated 01/31/2014 it was revealed the injured worker was administered a cortisone injection 3 months previous to the clinical date that provided 2 months of relief and the symptoms were recurring at the time of the clinical note. The medication list included hydrocodone, ibuprofen, meloxicam, alprazolam, tramadol, Prozac, and Abilify. The physical exam revealed the injured worker had ongoing low back pain that traveled into the right lower extremity with occasional numbness in the right foot. It was further documented that the injured worker wore a back brace for support and was unable to stand on the toes of her left foot. The injured worker's diagnoses include disc bulge of the lumbar spine, degenerative disc disease of the lumbar spine, and radiculopathy in the lumbar spine region. The treatment plan was noted to include that the injured worker was not a surgical candidate and was instructed to continue the medication list as well as perform home exercise programs on a daily basis. The request for authorization was not provided within the submitted medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH AIDES (HHA) 4 HOURS PER DAY, 5 DAYS A WEEK FOR 12 WEEKS WITH AN RN EVALUATION PRIOR TO THE END OF THE CARE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

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

Decision rationale: The request for home health aides (hha) 4 hours per day, 5 days a week for 12 weeks with an rn evaluation prior to the end of the care is not medically necessary. The California MTUS Guidelines recommend home health services for injured workers who are designated as homebound, on a part time or intermittent basis, and 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 it is the only care that is needed. Additionally, within the submitted medical records it is noted in the Personal Attendant Visit reported a detailed agenda of services rendered while the patient was utilizing them. Help rendered included meal preparation, bed linen changes, cleaning the injured worker's kitchen, and cleaning the injured worker's bathroom. Given the agenda that was documented from the previous home health aides and are contraindicated by the guidelines as the utilization of home health services is not to include homemaker services and a lack of documentation from the clinical notes of the patient being homebound, the request could not be supported by the guidelines at this time. As such, the request is not medically necessary.