

Case Number:	CM14-0016425		
Date Assigned:	04/11/2014	Date of Injury:	12/01/2001
Decision Date:	05/12/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/10/2014

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 Geriatrics, and is licensed to practice in New York. 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 62 year old woman with a date of injury of 12/1/01. Her medical problems include chronic low back pain due to degenerative lumbar spondylosis and myofascial pain syndrome, pain disorder with psychological /general medical condition and insomnia due to chronic pain. At issue in this review are in home support services and home health aide services for 8 hours per day, seven days per week with RN evaluation. She has been receiving this level of services with RN evaluation, last certified on 10-28-13. The home care nurse assessed her on 1/3/14 to review her ongoing need for home health services. She was described as alert and oriented. She required a walker for transfers and mobility and stand by assist of a caregiver for transfers. She is said to be independent with toileting, oral care, grooming (with some assist) and eating. She required stand by assist for showering and dressing. She also relied on the caregiver for medication reminders, meal preparation, laundry, homemaking and driving. The note documents that she would be driven to the bank, appointments, store and a cemetery to visit her family's graves.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 IN-HOME SUPPORT SERVICES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefits Manual (Rev. 144, 05-06-11) Chapter 7 - Home Health Services; Section 50.2; and California Labor Code 5307.8

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

Decision rationale: This injured worker has chronic back pain and has been receiving 56 hours of home health aide services per week with periodic RN evaluation. The records document that she requires stand by assist with transfers and some assist with bathing and dressing and the request is for home health assistance services at 8 hours per day for 7 days per week. Per the MTUS, 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 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 request is for 56 hours per week which is beyond the recommended amount for caregiver tasks such as bathing, dressing and transferring. The records do not substantiate that she has any skilled nursing needs. The records also do not substantiate that she is homebound as she goes out to shop and for socialization.. The records do not support the medical necessity for home health assistance services in house support services.

HOME HEALTH SERVICES, 8 HOURS PER DAY, 7 DAYS PER 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 Medicare Benefits Manual (Rev. 144, 05-06-11) Chapter 7 - Home Health Services; Section 50.2, 50.7; and California Labor Code 5307.8

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

Decision rationale: This injured worker has chronic back pain and has been receiving 56 hours of home health aide services per week with periodic RN evaluation. The records document that she requires stand by assist with transfers and some assist with bathing and dressing and the request is for home health assistance services at 8 hours per day for 7 days per week. Per the MTUS, 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 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 request is for 56 hours per week which is beyond the recommended amount for caregiver tasks such as bathing, dressing and transferring. The records do not substantiate that she has any skilled nursing needs. The records also do not substantiate that she is homebound as she goes out to shop and for socialization. The records do not support the medical necessity for home health assistance services and RN evaluation.

