

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0018924 | | |
| Date Assigned: | 04/23/2014 | Date of Injury: | 12/10/2001 |
| Decision Date: | 07/03/2014 | UR Denial Date: | 01/16/2014 |
| Priority: | Standard | Application Received: | 02/14/2014 |

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 66 year old woman with atrial fibrillation, gout, hypothyroidism, glaucoma and hypercholesterolemia with a date of injury of 12/10/01. She was seen by her physician on 12/17/13 with complaints of chronic low back pain with right radicular symptoms. She is status post lumbar fusion in 2008 and right total knee replacement in 2004. She had a right carpal tunnel release in 2009. She had a recent increase in her back pain and radicular symptoms in the prior two months with increased vicodin use and physical therapy. She had a homecare assessment in 8/13 recommending bathroom and kitchen equipment and 1-3 occupational therapy visits. Assist with housekeeping and shopping was recommended. Her physical exam showed she was ambulatory with a cane and antalgic gait. She had normal wrist range of motion and slightly reduced lumbar range of motion. She had joint line tenderness in her knees and some tenderness in her lumbar spine and paraspinal region. Motor and sensory testing was normal. Her diagnoses were chronic low back pain, lumbar degenerative disc disease and right sciatica. At issue in this review is the request for home health assistance at 6 hours per week for 16 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH CARE 6 HOURS DAY X 16 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services-Neck & Upper Back Complaints, Forearm, Wrist, & Hand Complaints, Low Back Complaints, Knee Complaints.

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

Decision rationale: This injured worker has chronic back pain with normal strength in her lower extremities. The records document an antalgic gait and the request is for home health assistance services at 6 hours per day for 16 weeks based upon a prior home evaluation suggesting assist with homemaking and shopping. 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 records do not substantiate that she is homebound and homemaker services are not covered. The records do not support the medical necessity for home health assistance services.