

Case Number:	CM14-0111459		
Date Assigned:	08/01/2014	Date of Injury:	12/22/2003
Decision Date:	09/16/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/17/2014

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 and is licensed to practice in Illinois. 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 male who reported an injury on 12/22/2013. The mechanism of injury was not provided. His diagnoses include a lumbar sprain, multiple disc protrusions, radiculopathy, and status post-surgery. The note on 06/16/2014 was hand written and hard to decipher. On 06/16/2014 the note revealed the injured worker underwent lumbar spine surgery on 08/22/2011 for anterior L4-5 and L5-S1 discectomy and instrument fusion as well as anterior L3-4 discectomy and artificial disc replacement. The injured worker did not improve significantly following his surgery and had reported substantial functional impairment. The provider's office contacted the injured worker by phone on 05/07/2014 to obtain a history. The injured worker indicated that he performed 50% of the mopping, vacuuming, dusting, making the bed, cleaning the bathrooms and laundry; he performed 100% of the grocery shopping and his own transportation prior to his work related injury He was fully independent in performing all self-care including bathing, dressing, and other personal hygiene needs. Following the injured worker's surgery on 08/22/2011 he had been unable to perform the activities of daily living. Physical exam revealed tenderness of the lumbar spine and paravertebral musculature bilaterally with hypesthesia and spasm over sciatic notch bilaterally. There were bilateral radicular complaints as well. Current medications included Norco, Dendracin, Zanaflex, Colace Axid, and Cialis. The request is for home health care services for 6 hours per day, 7 days per week, for 6 weeks. The rationale is the injured worker is unable to provide for himself. The Request for Authorization was dated 01/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care services for six hours per day/seven days per week for six weeks.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Home Health.

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

Decision rationale: The MTUS Chronic Pain Guidelines recommend home health services 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. There is a lack of clinical information indicating the injured worker's medical necessity for a home health services. Also per the Guidelines, homemaking services like shopping and cleaning are not included as medical treatments (to include bathing, dressing, and using the bathroom). Furthermore, the request for home health care services for eight hours per day times seven days a week exceeds the recommended guidelines of 35 hours per week. There is lack of documentation as to the medically necessity for the injured worker to be home bound. There is lack of documentation as to the specific aide that would be performed. As such, the request is not medically necessary and appropriate.