

Case Number:	CM14-0113723		
Date Assigned:	08/01/2014	Date of Injury:	01/16/2006
Decision Date:	10/03/2014	UR Denial Date:	06/28/2014
Priority:	Standard	Application Received:	07/18/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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:

According to the records made available for review, this is a 60-year-old male with a 1/16/06 date of injury. At the time (6/28/14) of the Decision for Home healthcare for 7 days a week for 40 hours a week, ADL's as needed, cooking, cleaning and laundry, there is documentation of subjective (chronic low back pain radiating to the bilateral lower extremities) and objective (myoclonus noted in the lower extremity on both sides, tenderness to palpation over the lumbar paraspinal muscles and sacroiliac joints, decreased hip flexion, decreased knee flexion, and tenderness over the hamstring and iliopsoas bilaterally,) findings, current diagnoses (T10 incomplete paraplegia, lumbar post-laminectomy syndrome, displacement of lumbar intervertebral disc without myelopathy, and depressive disorder), and treatment to date (medications, physical therapy, and spinal cord stimulator implantation with subsequent explanation). In addition, 6/29/14 medical report identifies that the patient is not using an electrical wheelchair at this time. There is no documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and the patient is homebound on a part-time or intermittent basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home healthcare for 7days a week for 40 hours a week, ADL's as needed, cooking, cleaning and laundry: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and the patient is homebound on a part-time or intermittent basis, as criteria necessary to support the medical necessity of home health services. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of no more than 35 hours per week. Within the medical information available for review, there is documentation of diagnoses of T10 incomplete paraplegia, lumbar post-laminectomy syndrome, displacement of lumbar intervertebral disc without myelopathy, and depressive disorder. However, given documentation of a request for Home healthcare for activities of daily living (ADL's) as needed, cooking, cleaning and laundry, there is no documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed). In addition, given documentation that the patient is not using an electrical wheelchair at this time, there is no documentation that the patient is homebound on a part-time or intermittent basis. Furthermore, the proposed number of hours per week exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for Home healthcare for 7 days a week for 40 hours a week, ADL's as needed, cooking, cleaning and laundry is not medically necessary.