MAXIMUS Federal Services

Case Number:	CM14-0126711		
Date Assigned:	09/29/2014	Date of Injury:	01/11/2011
Decision Date:	11/06/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/11/2014

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 Internal Medicine, has a subspecialty in Nephrology 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:

The patient is a 37-year-old female who has submitted a claim for displacement of cervical intervertebral disc without myelopathy and cervical spondylosis with myelopathy, status post anterior cervical diskectomy and decompression and total disk replacement at C5-C6 (07/31/2014); associated with an industrial injury date of 01/11/2011.Medical records from 2013 to 2014 were reviewed and showed that patient complained of severe neck pain with upper extremity numbness and radicular pain. The pain is graded 4-5/10 and is increased by activity. Physical examination showed tenderness of the mid cervical spine and interscapular region towards the right. Decreased sensation was noted over the right radial forearm, wrist and hand. The right brachioradialis reflex was decreased. Motor testing was normal.Treatment to date has included medications, physical therapy, and surgery as stated above.Utilization review, dated 08/05/2014, denied the request for home health aide because home health aide does not include homemaker activities, personal care like bathing, dressing, and using the bathroom when this is the only care given, and transporting the patient's children to and from school.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Aide 4hrs/day x 6 weeks: Upheld

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

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines page 51 states that 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. In this case, home health aide (HHA) was prescribed to assist patient with ADLs and to transport her children to and from school for the first few weeks of school. However, the medical records submitted for review failed to show findings that would substantiate that the patient is truly homebound. Moreover, guidelines state that medical treatment does not include homemaker activities and personal care services, as well as providing transportation for the patient's children to and from school. Therefore, the request for Home Health Aide 4hrs/Day X 6 Weeks, is not medically necessary.