

Case Number:	CM14-0133307		
Date Assigned:	08/25/2014	Date of Injury:	03/18/1997
Decision Date:	10/15/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/20/2014

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 Pulmonary Disease 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 injured worker is a 62-year-old female, who reported injury on 03/18/1997. Mechanism of injury was she slipped and fell in a tub. The injured worker's treatment history included 6 sessions of aquatic therapy, medications, MRI studies, CT scan. The injured worker was evaluated on 05/28/2014, and it was documented that the injured worker reportedly had a hard time since the request for home care was denied. The injured worker was in bed all the time and no one was shopping for her. On 06/27/2014, it was documented that the injured worker was authorized for home health for 4 weeks but had not yet started. On physical examination of the cervical spine, range of motion was limited. There was tenderness to the bilateral trapezius and upper quadrant muscle groups. Diagnoses included spondylosis with myelopathy. Within the documentation, the provider noted that the injured worker stated she was doing pretty well. She arrived utilizing her walker but appeared more mobile. Request for Authorization, dated 08/06/2014, was for home health visit not specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home visit - not specified: 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 Services Page(s): 51.

Decision rationale: The Chronic Pain Medical Treatment Guidelines (MTUS) only recommends Home Health Services for medical treatment for patients who are Home bound, 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 documents provided on 06/27/2014 lacked documentation of the injured worker being homebound, on a part time or "intermittent" basis. Additionally the provider noted the injured worker was already approved for home health visits. The request failed to include frequency and duration of # home health visits. As such, the request for home visit -not specified is not medically necessary.