

Case Number:	CM14-0176598		
Date Assigned:	10/30/2014	Date of Injury:	04/06/1994
Decision Date:	12/31/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/25/2014

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 Family Medicine and is licensed to practice in Utah. 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 75 year-old male. The patient's date of injury is 4/6/1994. The mechanism of injury was described as falling off of a dump truck. The patient has been diagnosed with low back pain, degeneration of the lumbar spine, right shoulder pain, neck and ear pain. The patient's treatments have included imaging studies, modified duty, and medications. The physical exam findings dated 7/28/2014 shows he walks with a walker, stooped posture, eyes reddened. No shortness of breath with ambulation. Support hose are in place. Kyphotic posture with antalgic gait, walking with two canes in flexed position. The patient's medications have included, but are not limited to, Fentanyl, Furosemide, Fluoxetine, gabapentin, Nitro, Omeprazole, Potassium, Spironolactone, Tramadol, Melatonin and Ativan. The request is for home health aide for 2016 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Aide (Hours) QTY:2016: 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 Page(s): 51.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Home health care. MTUS guidelines state the following: Home health services. 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. (CMS, 2004) According to the clinical documentation provided. The patient does meet requirement for home health, but the hours requested are in excess of the recommended 35 hrs a week. Home Health-care, as written above, is not indicated as a medical necessity to the patient at this time.