

Case Number:	CM14-0020176		
Date Assigned:	04/25/2014	Date of Injury:	05/03/2005
Decision Date:	07/07/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/18/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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:

This patient is a 65-year-old female with date of injury of 05/03/2005. Per treating physician's handwritten report 01/21/2014, which is difficult to read, the patient was to receive prescription for in-home services continued. The patient has rods down her back, states that her pain is entire back and shoulders. She has a lot of limitations and states that her right leg, she can only lift to her ankle. The patient states that she can lift anything overhead from 5 to 10 pounds. Listed diagnoses are cervical pain, upper thoracic pain, and hip pain. The recommendation is for in-home care for 3 hours per day 3 days a week for 6 months to help with laundry, shopping, cooking, and cleaning. The patient cannot bend, stoop, lift heavy objects due to her something toppling, needed help in stabilization and strengthening. Medications are refilled. Exercise programs for aquatic therapy, hip stabilization, and strengthening. Report on 02/13/2014 is a typed progress report, seen for follow up status post T2 to S2 fusion, finally received in-home Jacuzzi in order to deal with continuous muscular spasms, which she was having. The patient has shoulder and neck complaints. Trigger points helped. Her pain is stabilized with Jacuzzi but she cannot get in and out of it on her own. The patient continues to have problems with forward flexion. The patient's hip motion is critical and has been the reason that she has required ongoing assistance. The patient is not able to pick up things from the floor, get up from the floor on her own, getting out of bathtub, and put a sock on her right foot. There is inadequate mobility at her right hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH AIDE THREE HOURS A DAY, THREE DAYS A WEEK FOR SIX MONTHS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back chapter, and <http://www.medicare.gov/Publications/Pubs/pdf/10969.pdf>.

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

Decision rationale: This patient presents with fusion from T2 to S2 and has hip joint problems as well. The patient's current functional difficulties and challenges are well documented in both reports by 2 different physicians on 01/21/2014 and 02/13/2014. The request is for home health aide 3 hours a day 3x a week for 6 months. The request appears quite reasonable and needed. The patient has difficulty getting in and out of Jacuzzi, has difficulty picking things up from the floor, and difficulties with hip joint range of motion. The patient is status post fusion from T2 to S2 and has absolutely no motion of the entire spine. Per MTUS guidelines, home health services are recommended for patients who were home-bound and generally up to no more than 35 hours per week. In this case, the request is for only 9 hours a week which is quite reasonable. The recommendation is for authorization.