

Case Number:	CM14-0021955		
Date Assigned:	05/09/2014	Date of Injury:	07/06/2012
Decision Date:	07/24/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	02/21/2014

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 Occupational Medicine 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 is a 45-year-old female patient with a 7/6/12 date of injury. The 9/11/13 progress report indicates worsening neck pain and recurrent headaches. Physical exam demonstrates right anterior shoulder tenderness, bilateral lateral elbow tenderness, reduced bilateral sensation in the median nerve distribution with bilaterally reduced grip strength. Treatment to date has included medication, cervical ESI, acupuncture, and activity modification. The 10/16/13 progress report indicates some improvement in neck pain, but headaches continue. There is also pain in the bilateral lower extremities. The 12/4/13 progress report indicates that the patient is scheduled for cervical surgery on 12/17/13. She remained symptomatic and has neck pain. The patient was diagnosed with cervical myelopathy and underwent ACDF at C5-6 on 12/17/13. The 1/6/14 progress report indicates that the patient has difficulty with her activities of daily living and does not have homemaker services. The 1/15/14 progress report indicates continued neck pain and spasm, with pain radiating to the right arm. There is also right elbow pain. Physical exam remains unchanged. The 4/23/13 cervical MRI demonstrates moderate to severe compression of the spinal cord on the left and narrowing of the canal at C5-6 and moderate to severe left foraminal stenosis at C5-6; there is left neural foraminal narrowing at C6-7. There is documentation of a previous 2/20/14 adverse determination for because the patient was not homebound; and because the services for which home health care was requested were not medical in nature.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH AIDE 4 HOURS PER DAY 5 DAYS PER WEEK X 2 WEEKS POST CERVICAL FUSION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 51.

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

Decision rationale: The California MTUS 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. However, there is no evidence that the patient is homebound or would require medical care rendered in a home setting. 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. Therefore, the request for home health aide 4 hours per day 5 days per week x 2 weeks post cervical fusion is not medically necessary.