

Case Number:	CM14-0022744		
Date Assigned:	06/11/2014	Date of Injury:	01/19/2006
Decision Date:	07/15/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/24/2014

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 and is licensed to practice in Texas. 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 58-year-old male who reported an injury on 01/19/2006. The injury reportedly occurred when a scheduled abrupt stop in an elevator malfunctioned. His diagnoses were noted to include cervical spondylosis with myelopathy, sprains and strains of the lumbar region, sciatica, and abnormality of gait. His previous treatments were noted to include surgery, physical therapy, medications, and a TENS unit. The injured worker reported increased pain in the neck radiating to the upper and lower back. The injured worker described his pain as stabbing, stinging, shooting, severe, and radiating, rated at a 9/10. The injured worker was able to tolerate sitting for 20 to 25 minutes, standing for 20 to 25 minutes, and walking for less than 5 minutes. The injured worker was able to drive with no difficulty; dress, groom, and shop with some difficulty; however, was unable to bathe, clean, or cook. The injured worker used a single point cane for balance and support. The progress note dated 02/06/2014 reported the injured worker continued to try to work out at the gym on the lower extremity strengthening and stabilization exercises. The request of authorization was not submitted within the medical records. The request is for 1 year of home health care (4 hours per day, 6 days per week). The physician's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE YEAR OF HOME HEALTH CARE (4 HOURS PER DAY, 6 DAYS PER WEEK):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services.

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

Decision rationale: The request for one year of home health care (4 hours per day, 6 days per week) is non-certified. The injured worker ambulates with a cane and has been going to a gym to strengthen his lower extremities. The California Medical Treatment Guidelines recommend home health services for medical treatment for injured workers who are homebound, on a part time or "intermittent" basis, generally up to more than 25 hours per week. The Guidelines also state medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care if given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. The documentation provided does not state the injured worker is homebound, since he goes to the gym and ambulates with a cane. There is a lack of documentation reporting the injured worker as homebound and need medical treatment to warrant home health services. Therefore, the request is not medically necessary.