

Case Number:	CM14-0023652		
Date Assigned:	06/11/2014	Date of Injury:	03/23/2006
Decision Date:	07/15/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/25/2014

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 Physical Medicine & Rehabilitation 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 51 year-old female patient sustained an injury on 3/23/06. Diagnoses include post-laminectomy cervical spine syndrome s/p discectomy fusion at C4-6. Report of 12/16/13 from the provider noted the patient was well-developed in not apparent distress. Exam showed cervical scars well-healed; right shoulder with decreased range of motion. Diagnosis was cervical stenosis post ACDF x2, posterior fusion of C4-6 with C3-4 segmental disease. Request included home health aide. AME report of 8/29/12 noted patient with chronic neck pain with associated numbness and tingling of hands along with right shoulder/wrist/hand pain that is the same. Exam noted limited cervical range in all planes; normal motor myotome exam from C5-T1 with diffuse diminished sensation of C5-8 dermatomes; lumbar spine with tenderness and spasm with range of flexion 12 inches from floor and extension of 10 degrees; alignment of lower extremities normal with heel and toe walk without difficulty; motor exam of L3 through S1 myotomes normal with negative SLR, Lasegue's and diffuse diminished sensation in L3-S1 dermatomes. AME had recommended future medical care; however, did not discuss any indication for home health services.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH AIDE 8 HRS/DAY X 5 DAYS/WEEK X 12 WEEKS WITH A RN EVALUATION PRIOR TO END OF CARE: 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: MTUS and Medicare guidelines support home health for patients who are homebound requiring intermittent skilled nursing care or home therapy and do not include homemaker services such as cleaning, laundry, and personal care. The patient does not meet any of the criteria to support this treatment request and medical necessity has not been established. Submitted reports have not adequately addressed the indication or demonstrated the necessity for home health. The patient is not homebound as the patient ambulates with heel and toe walking without difficulty with intact motor strength throughout upper and lower extremities. There is no specific deficient performance issue evident as it is reported the patient is independent with the activities of daily living. The patient also has a supportive family member to assist with daily chores. Exam also has no indication of motor deficits identified that would require formal therapy treatment. Submitted reports have not demonstrated support per guidelines criteria for treatment request. The request for home health aide with a RN evaluation prior to end of care is not medically necessary and appropriate.