MAXIMUS Federal Services

Case Number:	CM14-0024786		
Date Assigned:	06/11/2014	Date of Injury:	05/23/2011
Decision Date:	07/18/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/26/2014

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 Illinois. 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 57-year-old male with an injury reported on 05/23/2011. The mechanism of injury was not provided within the clinical notes. The clinical note dated 01/14/2014 reported that the injured worker complained of neck and low back pain that radiated to the bilateral lower extremities. The physical examination revealed positive cervical compression to the left. The examination of the injured worker's lumbar spine revealed a positive Yeoman's and Erichsen's test. It was reported the lower lumbar examination revealed positive Patrick/Faber test. The injured worker's prescribed medication list was not provided in the clinical note. The injured worker's diagnoses included status post lumbar fusion; status post arthroscopic repair of the left knee; and cervical intervertebral disc displacement without myopathy. The provider requested home care once a week x1 week. The provider's rationale was not provided in the clinical note. The Request for Authorization was submitted on 02/18/2014. The injured worker's prior treatments included physical therapy. The amount of physical therapy sessions was not provided in the clinical note.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME CARE ONE TIME A WEEK TIMES ONE WEEK: 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 services Page(s): 51.

Decision rationale: The injured worker complained of neck and low back pain that radiated down to his bilateral lower extremities. The treating physician's rationale was not provided in the clinical note. The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend home health services 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. The treating physician's rationale for home health services was not provided in the clinical documentation. There is a lack of clinical information indicating the injured worker's medical necessity for home health services. Within the provided documentation, an adequate and complete assessment of the injured worker's functional condition was not provided in order to demonstrate significant functional deficits rendering the injured worker unable to leave home and requiring additional care. Therefore, the request is not medically necessary and appropriate.