

Case Number:	CM14-0025958		
Date Assigned:	06/13/2014	Date of Injury:	08/22/2012
Decision Date:	07/24/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	02/28/2014

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 Family Practice, and is licensed to practice in Texas and Mississippi. 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, who is a 51-year-old female, reported an injury on 08/22/2012 due to an unknown mechanism. On 02/04/2014 it was reported the injured worker was wheelchair bound but was able to return to work. It was noted the injured worker has neurogenic bladder and her orthopedic care was stable but will require future monitoring as an outpatient. It was reported the injured worker was able to walk short distances, using her upper extremities for support and using a walker against the wall. She can reach and twist using her upper extremities as support. It was noted her upper extremities was 5/5 on the left and the right was 4/5. She had the ability to handle, touch, feel and lift under 10 pounds and occasionally lift 10 to 30 pounds. The work restrictions included to attend school 5 miles within distance to her house, not to climb stairs, stationed near a bathroom, stay off play yards and hallways where children will not be able to land on her fractured leg. The injured worker diagnoses included left distal fibula and tibular fracture open reduction, internal fixation, status post thoracolumbar laminectomy with failed lumbar back surgery syndrome, bilateral lower extremity neuropathic pain and a spinal cord stimulator. There were no medications listed for the injured worker. The treatment plan included for home health aid services 12 hours a day, for 7 days a week for 3 months. The authorization for request was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH AID SERVICES. 12 HOURS A DAY, 7 DAYS A WEEK FOR 3 MONTHS.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Guidelines, Home health services.

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

Decision rationale: The request for home health aid services 12 hours a day, for 7 days a week for 3 months is non-certified. The Chronic Pain Medical Treatment Guidelines (MTUS) only recommends home health services for 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 documents provided on 02/04/2014 has lack of documentation of the injured worker being homebound, on a part time or "intermittent" basis. The injured worker diagnoses included left distal fibula and tibular fracture open reduction, internal fixation, status post thoracolumbar laminectomy with failed lumbar back surgery syndrome, bilateral lower extremity neuropathic pain and a spinal cord stimulator. In addition, there was no rationale given why the injured worker is requesting for home health care and she is working with restrictions. Given the above, the request for home health aid services 12 hours a day, for 7 days a week for 3 months is not medically necessary and appropriate.