

Case Number:	CM14-0026374		
Date Assigned:	06/13/2014	Date of Injury:	11/01/2001
Decision Date:	07/16/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/03/2014

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 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:

According to the records made available for review, this is a 59-year-old male with an 11/1/01 date of injury and status post cervical spine anterior depression and fusion in 2007. At the time (1/17/14) of request for authorization for home health aide (HHA) services, 4 hours a week for 12 months, there is documentation of subjective (weakness of the left upper extremity and difficulty opening jars and bottle tops, neck pain that radiates to the left shoulder, low back pain with numbness in both feet) and objective (decreased cervical and lumbar range of motion, decreased sensation in the right upper extremity, and pitting edema in the lower extremities) findings, current diagnoses (status post cervical decompression and fusion, lumbar spondylosis, and status post cerebrovascular accident with residual left upper and left lower extremity limited hemiparesis), and treatment to date (cervical spine anterior depression and fusion in 2007, nursing services, physical therapy, and medications). In addition, medical report identifies the patient is able to take care of his activities of daily living at home, including using the restroom, vacuuming, making his bed, grocery shopping, and cooking. Furthermore, medical report identifies that a home health aide is needed to do the heavy work in the apartment, including the garbage and the cleaning of the bathroom. There is no documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and the patient is homebound on a part-time or intermittent basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH AIDE (HHA) SERVICES, 4 HOURS A WEEK FOR 12 MONTHS:

Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Within the medical information available for review, there is documentation of diagnoses of status post cervical decompression and fusion, lumbar spondylosis, and status post cerebrovascular accident with residual left upper and left lower extremity limited hemiparesis. However, despite documentation of a rationale identifying that a home health aide is needed to do the heavy work in the apartment, including the garbage and the cleaning of the bathroom; and given documentation that the patient is able to take care of his activities of daily living at home, including using the restroom, vacuuming, making his bed, grocery shopping, and cooking; there is no documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and the patient is homebound on a part-time or intermittent basis. Therefore, based on guidelines and a review of the evidence, the request for home health aide (HHA) services, 4 hours a week for 12 months is not medically necessary.