

Case Number:	CM14-0030514		
Date Assigned:	06/20/2014	Date of Injury:	10/30/2001
Decision Date:	07/17/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/10/2014

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:

The injured worker is a 64-year-old male who reported an injury on 10/30/2001. The mechanism of injury was not provided. The clinical note dated 02/03/2014 noted the injured worker presented with upper extremity pain and weakness. Upon examination the injured worker's movements were restricted and guarded, and she had severe upper extremity weakness, painful and limited neck and shoulder range of motion, and a positive axial head compression bilaterally. The lumbar spine examination revealed decreased lumbar spine range of motion with severe tenderness, referred back pain with minimal leg elevation. Prior treatment included medication. The diagnosis was cervical postlaminectomy pain syndrome, lumbar postlaminectomy pain syndrome, chronic pain syndrome, depression, gastritis, left carpometacarpal (CMC) arthritis, and depression. The provider recommended home care assistance four hours a day, three days a week for six months; the rationale was that the patient remains disabled and is unable to complete house care work, shopping, and transportation. She continued to require assistance. Her home care assistance in the past was very effective. The Request for Authorization Form was not provided in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME CARE ASSISTANCE FOUR (4) HOURS/DAY, THREE (3) DAYS/WEEK FOR SIX (6) MONTHS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Home Health Services.

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

Decision rationale: The California MTUS recommends home health care services only for otherwise recommended medical treatment for injured workers 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 person care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. In this case, the provider requested home care services for house care work, shopping, and transportation. The MTUS guidelines do not recommend home health services for homemaker services. As such, the request is not certified.