

Case Number:	CM14-0035508		
Date Assigned:	06/23/2014	Date of Injury:	06/12/2002
Decision Date:	08/18/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/23/2014

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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 45-year-old female who sustained an industrial injury on 06/12/2002. The mechanism of injury was not provided for review. Her diagnoses include bilateral thoracic outlet syndrome, cervical dystonia/myofascial pain, chronic pain syndrome, bilateral piriformis syndrome, depression, chronic daily headache syndrome, and migraine of variance with dizziness and vertigo. She complains of recurrent falls, vertigo, and unstable gait. There were no physical exam abnormalities noted. The treating provider has requested 12 home care assistance 35 hours a week for 12 weeks related to the lumbar injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Home care assistance 35 hours a week for 12 weeks related to the lumbar injury as outpatient: 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: There is no documentation provided necessitating the requested home health services. There is no indication in the medical record provided indicating that the claimant has

undergone any outpatient physical therapy for gait assessment, gait training, motor training or vestibular training. There is no evidence in the medical record of an evaluation having been provided to determine the claimant's needs for assistive devices for activities of daily life (ADLs) in the home environment that would further support the goal to maintain or improve independence. Per California MTUS, home health services are recommended 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 such as 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 specific type of home healthcare has not been requested. Medical necessity for the requested service has not been established. The requested service is not medically necessary.