

Case Number:	CM14-0036018		
Date Assigned:	06/23/2014	Date of Injury:	03/19/2001
Decision Date:	07/21/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/24/2014

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 Medicine and is licensed to practice in North Carolina. 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 had a date of injury of 3/19/2001 when she slipped on a wet floor and twisted her back. She is treated with medications, home exercise program, spinal stimulator and uses a cane for ambulation. Surgeries have included lumbar discectomy in 2003, lumbar fusion in 2005, spinal stimulator in 2005 and left knee arthroscopy on 2008. She has been rated permanent and stationary since 2010 with need for ongoing psychiatric management and chronic pain management. The requests if for home health aid 4 hours a day, 5 days a week for 8 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health aid, 4hrs/day, 5days/week, for 8weeks: 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 Page(s): 51.

Decision rationale: California MTUS allows for the use of home health services for homebound claimants on an intermittent basis. Homemaker services such as personal care, shopping, cleaning and laundry as specifically excluded in the California MTUS. The medical record does not describe any need for home health services other than homemaker services. The claimant has

not had any recent surgical procedure or interventions that might require temporary home health services and she is not certified as homebound. Therefore, home health services are not medically necessary.