

Case Number:	CM14-0036514		
Date Assigned:	06/25/2014	Date of Injury:	07/12/2007
Decision Date:	07/31/2014	UR Denial Date:	02/27/2014
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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 63-year-old female who reported an injury on 05/01/2006. The mechanism of injury was not provided in the documentation. The injured worker's prior treatments were noted to be physical therapy, acupuncture, medication management, and chiropractic care. The injured worker's diagnoses were noted to be L4-S1 disc herniations, with disc deterioration and degenerative changes; significant arm radiculopathy; and failure of conservative care; and C5-7 significant disc herniations with marked foraminal stenosis, nerve compression, and severe mechanical axial neck and headache pains. The injured worker had a clinical evaluation on 02/11/2014. The injured worker's chief complaint was constant severe neck pain radiating to shoulder blades with tingling in both hands intermittently. The injured worker also expressed frequent moderate low back pain radiating to buttocks with constant numbness to left foot up to knee area. The treatment plan includes a request for an updated cervical MRI, and a request for authorization for a home health aide. The provider's rationale for the request was provided within the documentation. A request for authorization for medical treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH AIDE (2 TIMES A WEEK FOR 2 WEEKS), # 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES/HOME HEALTH SERVICES Page(s): 51.

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

Decision rationale: The request for home health aide (2 times a week for 2 weeks), quantity 4, is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines recommend home health services only for otherwise recommended medical treatment for patients who are home-bound, on a part-time or intermittent basis, generally up to no more than 35 hours per week. The 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 documentation submitted for review fails to indicate the injured worker being home-bound or having a medical necessity for home health services. The guidelines provide criteria for home health services, and the documentation does not support any of the criteria, according to a clinical document dated 02/11/2014, when the request for home health aide was recommended. Therefore, the request for home health aide 2 times a week for 2 weeks, quantity 4, is not medically necessary.