

Case Number:	CM14-0042728		
Date Assigned:	06/30/2014	Date of Injury:	01/14/2010
Decision Date:	08/05/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/09/2014

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:

This 54 year-old patient sustained an injury on 1/14/10 while employed by [REDACTED]. Request under consideration include Home Health Aide (HHA) for three (3) hours per day for five (5) days a week for three (3) weeks for the lumbar spine. The patient has history of chronic lumbar pain and is s/p lumbar fusion on 2/5/14. Diagnoses list Cervicocranial syndrome; lumbar sprain; neck sprain; median nerve lesion; spondylolisthesis; lumbar post-laminectomy syndrome. Report from the provider dated 2/13/14 noted patient with low back radiculopathy that has resolved; has noticed some rare numbness and tingling in feet, but overall feels the sensation is much better; She has been utilizing a front wheeled walker for extra support and is using the LSO brace. She was able to discontinue the Percocet and switched to Norco. Exam findings showed no tenderness, no spasms; no SLR; decreased range of motion in the lumbar spine; normal sensation and 5/5 motor strength in bilateral lower extremities. RFA noted post-laminectomy syndrome under diagnosis with request for home health aide. The request for Home Health Aide (HHA) for three (3) hours per day for five (5) days a week for three (3) weeks for the lumbar spine was denied on 3/10/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Aide (HHA) for three (3) hours per day for five (5) days a week for three (3) weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 52.

Decision rationale: MTUS and Medicare guidelines support home health for patients who are homebound requiring intermittent skilled nursing care or home therapy and do not include homemaker services such as cleaning, laundry, and personal care. The patient does not meet any of the criteria to support this treatment request and medical necessity has not been established. Submitted reports have not adequately addressed the indication or demonstrated the necessity for home health. There is no documentation of whether the patient is homebound or what specific deficient performance is evident in activities of daily living as the patient is able to use a walker for added stability with intact motor strength. Exam has no clear neurological deficits. The Home Health Aide (HHA) for three (3) hours per day for five (5) days a week for three (3) weeks for the lumbar spine is not medically necessary and appropriate.