

Case Number:	CM14-0044649		
Date Assigned:	07/02/2014	Date of Injury:	12/05/2001
Decision Date:	08/22/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/11/2014

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 Nevada. 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 records presented for review indicate that this 51 year-old individual was reportedly injured on 12/5/2001. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated 2/27/214, indicates that there are ongoing complaints of low back pain, and bilateral lower extremity pain to include bilateral above knee amputation. The physical examination demonstrated no acute distress, patient is wheelchair-bound. No recent diagnostic studies are available for review. Previous treatment includes previous surgery, physical therapy, medications, and conservative treatment. A request had been made for home health aide care, and was not certified in the pre-authorization process on 3/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Aide Care: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Home Health Services Page(s): 51 of 127.

Decision rationale: Health services are recommended only for otherwise recommended medical 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 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 need. After reviewing the medical documentation provided it is noted that the injured worker does have chronic low back pain, and is status post bilateral above knee amputations, and is wheelchair-bound. However, according to the guidelines the injured worker is not homebound on a part-time or intermittent basis. Unfortunately the patient's condition does not meet the criteria for this request, therefore this request is deemed not medically necessary.