

Case Number:	CM14-0045420		
Date Assigned:	08/27/2014	Date of Injury:	12/20/2009
Decision Date:	10/02/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	04/01/2014

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 Occupational Medicine 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 is 49 a-year-old woman who underwent 2 level lumbar fusion about one month prior to the requesting report of 1/31/14. Original mechanism of injury was not noted. She was reported significant improvement in the back symptoms since surgery, was about one month post surgery. There was some left groin pain and left buttock pain. Review of systems was unremarkable. Medications were Vicodin, Neurontin, Ultracet simple. Physical examination was limited to wounds being clean, dry. No neurologic deficits were noted in the lower extremities. There is no mention of any significant restrictions in range of motion in the lower extremities are back. There is no mention of any limitations or difficulty ambulating or other limitations in mobility. There is no mention of any open wounds requiring wound care. Jamar grips were noted. The assessment portion of the report included discussion of MRIs, previous surgeries to the lower back. There is mention of chronic intractable axial lower back pain, bilateral lower extremity pain, buttock, thigh and calf, right-sided left side. There is chronic neck and radiating arm pain. Rule out cervical instability and stenosis. Discussion/plan indicated she is doing great since back surgery, no weakness, loss of bowel or bladder. Her husband is taking care of her at home, but is limited in taking care of her. The provider states that for 3 times a week for 4 weeks home health care would be reasonable appropriate to help her with showering, cooking and daily activities. There no mention how the patient was able to do these activities prior to the back surgery; with the reported significant improvement she should be more functional than prior to surgery. There is no mention that the patient requires any type of medical treatment such as wound care or intramuscular or intravenous medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health aide 3x per week for 4 weeks: 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 PART 2, HOME HEALTH SERVICES Page(s): 51.

Decision rationale: There is no indication that the home health services are being requested for medical treatment purposes such as wound care, administration of intravenous or intramuscular medications. There is no indication this patient is homebound or bed bound. The request as stated in the report is specifically for help with showering, cooking and daily activities all of which are specifically excluded by guidelines which state that medical treatment does not include those services. Therefore, based upon the evidence and the guidelines, this is not considered be medically necessary.