

Case Number:	CM14-0057189		
Date Assigned:	07/09/2014	Date of Injury:	06/29/2011
Decision Date:	09/23/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/28/2014

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 62-year-old gentleman was reportedly injured on June 29, 2011. The mechanism of injury is noted as being pushed while preventing an altercation. The most recent progress note, dated February 27, 2014, indicates that there are ongoing complaints of low back pain. No physical examination was performed on this date. Diagnostic imaging studies of the lumbar spine showing bone grafting implant that are well placed. Previous treatment includes lumbar spine surgery x 2, physical therapy, injections, and oral medications. A request had been made for home healthcare assistance for house chores two times a week for six weeks and was not certified in the pre-authorization process on April 4, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Home Assistance for house chores two (2) times per week for six (6) weeks:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, home health services are only recommended for medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. A review of the attached medical record states that the injured employee is seven months postop at the time of this request. It was stated that the injured employee spouse was able to help around the house but is now back in school and is unable to help. However, at seven months from the date of surgery it is unclear why the injured employee requires at home health assistance or why he would be homebound. Without further justification, this request for Outpatient Home assistance for house chores two times per week for six weeks is not medically necessary.