

Case Number:	CM14-0060083		
Date Assigned:	07/09/2014	Date of Injury:	04/26/2009
Decision Date:	09/16/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	04/30/2014

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 & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Texas & Oklahoma. 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 49-year-old female who reported an injury on 04/26/2009. The mechanism of injury was not provided. On 06/19/2014, the injured worker presented with low back pain. Upon examination of the lumbar spine, there was tenderness and spasms upon palpation, positive right side straight leg raise. Much of this note is handwritten and highly illegible. The diagnosis was post lumbar spine surgery times 2. Prior therapy included surgery, medication and physical therapy. The provider recommended home care assistance 4 hours a day for 5 days a week for 6 weeks. The provider's rationale was not provided. The Request for Authorization form was dated 03/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home care assistance 4 hours a day, 5 days a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines home Health Services.

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

Decision rationale: The request for Home Care Assistance 4 hours a day for 5 days a week for 6 weeks is not medically necessary. The California MTUS recommends home health services for medical treatment for injured workers who are homebound on a part time or intermittent basis, for generally, no more than 35 hours a week. Medical treatment does not include homemaker services like shopping, cleaning, laundry or personal care giving by home health aides, like bathing, dressing or using the restroom when this is the only care needed. There is lack of documentation if the injured worker is homebound on a part time or intermittent basis. The type of medical treatment that is being requested by the provider was not indicated. As such, the request is not medically necessary.