

Case Number:	CM14-0063640		
Date Assigned:	07/11/2014	Date of Injury:	05/16/2005
Decision Date:	08/26/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/07/2014

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 a 46-year-old female with a date of injury of 5/16/05. The mechanism of injury was not noted. On 4/10/14, a supplemental report from the primary treating physician requesting authorization for home care assistance stating that the patient reported that due to the continuing pain and associated impairment caused by her work injury, she experiences marked increased symptoms with personal or home care activities such as self-care and personal hygiene, as well as wound care. She requires help in the performance of her normal household chores and grocery shopping. On 3/5/14, she complained of pain in her neck radiating to her right upper extremity. Objective findings include cervical paraspinals are tender and spasms is present. There is restricted range of motion in the cervical spine. The diagnostic impression is C6-C7 disc herniation with stenosis and right upper extremity radiculopathy. Treatment to date: surgery, physical therapy, medication management. A UR decision dated 5/1/14 denied the request for home health care 3 days a week, five hours per day for 6 weeks. The request was denied because the records indicate that the patient is awaiting neck surgery and home care is for post-surgical assistance. There is no indication of extenuating circumstances that would cause the patient to be homebound, in need of specialized medical treatment in the home, and is without adequate assistance from family, etc. There is also no specific plan for home care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care assistance 3 days a week, for 5 hours a day, for 6 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 Home Health Services Page(s): 51.

Decision rationale: CA MTUS states that home 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. However, medical treatment does not include homemaker services such as shopping, cleaning, laundry, and personal care given by the home health aide, such as bathing, dressing, and using the bathroom when this is the only care needed. In addition, the documentation specifically states the home health services are specifically for homemaker services such as grocery shopping, house cleaning, laundry, and personal care given by the home health aide. No other documentation of medical need is noted. Therefore, the request for home health care assistance 3 days a week for 5 hours a day, for 6 weeks is not medically necessary.