

Case Number:	CM14-0072491		
Date Assigned:	07/16/2014	Date of Injury:	09/28/1998
Decision Date:	08/14/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/19/2014

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, has a subspecialty in Pain Management, 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:

The patient is a 63-year-old with an injury date on September 28, 1998. Based on the December 18, 2013, progress report provided by [REDACTED] the patient complains of left shoulder pain. The patient also complains of lots of pain in the low back that radiates down the legs. The diagnoses were not provided on this report. The cervical range of motion is 25% normal. The shoulders abduction is limited to 90 degrees. Bilateral straight leg raise test are limited to 70 degrees. The MRI of the Lumbar spine on September 10, 2013 reveals broad-based disc protrusion at L5 resulting in moderate to severe foraminal stenosis. Per treater the patient is home bound and is unable to perform activities like shopping, cleaning and laundry and she needs help with bathing, dressing and using the bathroom. There were no other significant findings noted on this report. [REDACTED] is requesting home health aide four hours per day, six days a week for twelve weeks and a nurse re-evaluation prior to the end of care to evaluate for in home needs. The utilization review denied the request on May 8, 2014. [REDACTED] is the requesting provider, and he provided treatment reports from December 18, 2013 to July 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health aide, four hours daily, six days weekly, for twelve 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 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 needed. (CMS, 2004)ODG guidelines have the following: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 needed. (CMS, 2004).

Decision rationale: According to the December 18, 2013 report by [REDACTED] this patient presents with left shoulder pain and low back pain that radiates down the legs. The treater is requesting home health, 4 hours per day, 6 days a week for 12 weeks. Regarding the provider's request for home care, the Chronic Pain Medical Treatment Guidelines recommend medical treatment for patients who are home bound, on a part-time or intermittent basis, generally up to no more than 35 hours per week. The Chronic Pain Medical Treatment Guidelines typically do not consider homemaking services such as shopping, cleaning, laundry, and personal care, medical treatments if these are the only services needed. In this case, the treater indicates that the patient needs help with house care such as clean-up, laundry, shopping as well as personal care such as dressing, bathing, etc. However, there is no documentation of why the patient is unable to perform self-care. No neurologic and physical deficits are documented on examination and diagnosis other than chronic pain. Without adequate diagnostic support for the needed self care such as loss of function of a limb or mobility, the requested home health care would not be indicated. The request for a home health aide, four hours daily, six days weekly, for twelve weeks is not medically necessary or appropriate.

Nurse Re-Evaluation prior to the end of care to evaluate for in home needs: Overturned

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 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 needed. (CMS, 2004)ODG guidelines have the following: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 needed. (CMS, 2004). Decision based on Non-MTUS

Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) , chapter 7, page 127, as well as the Official Disability Guidelines.

Decision rationale: According to the December 18, 2013 report by [REDACTED] this patient presents with left shoulder pain and low back pain that radiates down the legs. The treater is requesting a nurse re-evaluation prior to the end of care to evaluate for in home needs. Regarding consultations, the Independent Medical Examinations and Consultations Chapter of the ACOEM Practice Guidelines support it for complex cases. In this case, the treater's concerned about the patient's home condition and would like more information regarding the patient's home status and needs. The regeust for anurse re-evaluation prior to the end of care to evaluate for in home needs is medically necessary and appropriate.