

Case Number:	CM14-0075537		
Date Assigned:	07/16/2014	Date of Injury:	06/01/2001
Decision Date:	08/14/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/23/2014

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, 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 injured worker is a 55-year-old male who reported an injury on from cumulative trauma from 1996 to June 2001. The mechanism of injury was not provided. The injured worker has a history of neck pain. The note dated 02/12/2014 revealed the injured worker stated he went to the emergency room due to signs of a stroke. He had blood work and was released. The patient complained of neck pain that was rated at an 8/10 the pain radiated down the upper extremities to his fingers, right equal to the left, with numbness and tingling with cramping. The injured worker had frequent headaches. He noted pain and ringing in his left ear when he rotated his head to the left. He also complained of low back pain that was rated a 9/10 that radiated down his lower extremities to his feet, right greater than left, with numbness and tingling and cramping of the left calf and all toes on the right foot. He used a cane for ambulation. He was not receiving physical therapy treatment at that time. The examination of the lumbar spine revealed forward flexion at 30 degrees, extension was 10 degrees, and lateral flexion was 10 degrees bilaterally. His had difficulty arising from a seating position. He was awaiting authorization for home care assistance. The injured worker was noted to be wearing 3 Butrans patches on his chest. He was advised that he only to wear 1 patch every 7 days. He continued to experience significant cervical and lumbar spine pain. The injured worker had a diagnosis of hypertension, LVH, gastroesophageal reflux disease, irritable bowel syndrome, umbilical hernia, transaminitis, rule out sleep apnea disorder, status post H. Pylori treatment, plus psychiatric diathesis. Prior treatments included medications. The current medication list was not provided. Prior treatments were not provided. Diagnostic studies were not provided. The Request for Authorization and rationale were not provided within the documentation submitted. The request was for home health care assistance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Care Assistance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Home Health Care; CMS, 2004.

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

Decision rationale: The request for home health care assistance is not medically necessary. The injured worker has a past history of neck pain. The California Medical Treatment Utilization Schedule (MTUS) guidelines state home health care is recommended home health services only for medical treatment for injured workers who are home-bound 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. There is a lack of documentation indicating the medical services the injured worker would require from a home health care assistant. The submitted request does not indicate how many hours of care or the number of days being requested. The documentation does not support the necessity for home care for the injured worker at this time. As such, the request for Home Health Care Assistance is not medically necessary.