

Case Number:	CM14-0077429		
Date Assigned:	06/04/2014	Date of Injury:	06/19/2010
Decision Date:	07/28/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	05/28/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 57-year-old female with a date of injury of 06/19/2010 and diagnoses of thoracic or lumbosacral neuritis or radiculitis, as well as sprain and strain of hip and thigh. The earliest progress report provided for review is from 12/26/2013. According to this report, the patient presents with low back pain and right-sided hip pain. She has antalgic gait and uses a cane to aid her in ambulation. It was noted that she has difficulties with her activities of daily living along with difficulty with prolonged sitting, standing, and climbing stairs. The patient is using lidocaine patches, which help reduce her pain. She is advised to continue home exercise program on a daily basis to reduce pain and increase function. Additional reports state the patient is awaiting authorization for home health care. This is a retrospective request for home health care 8 hours a day 7 days a week. Date of service is unnoted. The progress reports provided for review does not discuss this request. Utilization review denied the request on 04/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective home health care 8 hours a day, 7 days a week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Care.

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

Decision rationale: This patient presents with low back pain. This is a retrospective request for home health care 8 hours a day for 7 days a week, the date of service is unnoted. The medical file provided for review does not provide any discussions of home health care services. Utilization review indicates the patient has had "home health care for the past 128 weeks at frequency of 40 hours per week, which has been provided by her son." The physician is requesting extension of these services to "cure and relieve" the effects of an industrial injury. The MTUS page 51 has the following regarding home services, "Recommended only for otherwise recommended 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. 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." In this case, there are no significant physical findings that would require a home healthcare. More importantly, the progress reports indicate that the patient is able to perform home exercises and on 06/06/2013 was recommended to return back to modified work duties. It would appear that the patient should be able to take care of house chores and self-care. Recommendation is for denial.