

Case Number:	CM14-0079604		
Date Assigned:	07/18/2014	Date of Injury:	02/19/1978
Decision Date:	08/25/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/30/2014

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 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:

The injured worker is a 67-year-old male who reported an injury on 09/15/2002 due to cumulative trauma. On 04/02/2014, the injured worker presented with neck and back pain. Upon examination the range of motion values for the neck were 56 degrees of flexion, and 10 degrees of extension with tenderness. The range of motion values for the back were 48 degrees of flexion and 10 degrees of extension with tenderness. Prior treatments included a caudal epidural steroid injection, medications, and surgery. Diagnoses were postlaminectomy pain syndrome with radicular symptoms and failed back surgery syndrome. The provider recommended home care assistance, and the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME CARE ASSISTANCE AND PRIOR TO HOME CARE ASSISTANCE A SPECIALTY NURSING ASSESSMENT OF HOME CARE NEEDS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, PAIN (CHRONIC).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH SERVICES Page(s): 51.

Decision rationale: The California MTUS recommends home health services for medical treatment for injured workers who are homebound on a part-time or intermittent basis. It is generally recommended up to no more than 35 hours a week. Medical treatment does not include homemaker services like shopping, cleaning, laundry, and personal care given by home health aides, like bathing, dressing, and using the restroom when this is the only care needed. In this case, there is a lack of evidence that the injured worker is homebound on a part-time or intermittent basis. Additionally, there is a lack of evidence of medical treatment that needs to be provided for the injured worker. The provider does not indicate the amount of hours and the frequency of the requested home health services in the request as submitted. As such, the request for home care assistance and prior to home care assistance a specialty nursing assessment of home care needs is not medically necessary and appropriate.