

Case Number:	CM14-0085371		
Date Assigned:	07/23/2014	Date of Injury:	02/25/2005
Decision Date:	09/19/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/09/2014

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 60-year-old female who reported an injury on 02/25/2005; the mechanism of injury was not provided. On 08/21/2013, a supplemental report was put together. The injured worker was last seen on 04/26/2013. The diagnoses were lumbar disc partial herniation with radiculopathy to the calf, cervical spine sprain superimposed on multilevel degenerative disease, aggravation of the lumbar disc herniation with progression of L5 disc bulge, and left shoulder mild subacromial impingement secondary to the cervical spine radiculopathy. Prior therapy included a cervical epidural steroid injection and a lumbar microdiscectomy. Current physical examination was not provided at this time. The provider recommended home health services/aide. 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 health services/aide: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, 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: The request for home health services/aide is not medically necessary. The California MTUS recommend home health services for medical treatment of injured workers who are homebound on a part time or intermittent basis and for generally no more than 35 hours a week. Medical treatment does not include home maker services like shopping, cleaning, and laundry or personal care given by home health aides like bathing, dressing, and using the restroom when this is the only care needed. There is a lack of documentation that the injured worker is homebound on an intermittent or part time basis. There is lack of evidence of medical care needed to be performed for the injured worker with the help of a home health provider. Additionally, home health services do not include shopping, cleaning, laundry, or personal care given by home health aides like bathing, dressing, or using the restroom. The provider's request does not indicate the amount of home health services or the frequency in the request as submitted. As such, the request is not medically necessary.