MAXIMUS Federal Services

Case Number:	CM14-0088501		
Date Assigned:	07/23/2014	Date of Injury:	08/31/2005
Decision Date:	09/23/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/12/2014

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 43-year-old female with a reported injury on 08/31/2005. The mechanism of injury was not provided. Her diagnoses included headache, osteoporosis, ankylosing spondylitis, sacroiliitis, disc degeneration of the lumbar, asthma, back pain, gynecological disorder, kidney stone, aneurysm, neuropathy, osteopenia. The injured worker has had previous treatments of aqua therapy, acupuncture, occupational therapy, physical therapy, the use of a wheelchair, and long term narcotics. The injured worker has had multiple hospital stays due to exacerbation, she has also used heat and ice and she has had the use of medications. The injured worker did not have a physical examination from her primary physician provided, although she did have a physical therapy note that was dated 04/24/2014. Upon that note, it was noted that she needed assistance for all of her activities and she was unable to ambulate without assistance device due to weakness and pain to the right lower extremity. She rated her pain as continuous at a level of 7/10 to 7.5/10. She stated that her pain was sharp and radiating and that her treatment has been rest, ice, and heat. She reported that the efficacy of that was "fair". It was reported that the injured worker did do a home exercise program. She had aqua therapy. The aqua therapy did help her with results in pain management and strengthening and her mood. Her list of medications included Amitriptyline, Cymbalta, Eszopiclone, Gabapentin, Hydrocodone, Lorazepam, Oxycodone, Ramelteon, Temazepam, Tramadol, Wellbutrin, Zoloft, Zolpidem, Aspirin, Celecoxib, Diclofenac, Elavil, Morphine, NSAIDs, Vicodin, and Isoniazid. There was no recommended plan of treatment that discussed the need for home health visits. The Request for Authorization was not provide and the rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sixteen (16) home health aide visits, 3 hours per day, 4 days per week over 4 weeks for the lumbar spine: Upheld

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

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

Decision rationale: The request for Sixteen (16) home health aide visits, 3 hours per day, 4 days per week over 4 weeks for the lumbar spine is not medically necessary. The California MTUS recommend home health services only as medical treatment for patients who are homebound on a part time or intermittent basis. Medical treatment does not include home maker 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 evidence of the functional deficits. The injured worker is not considered "homebound" due to the fact that she does have the use of a wheelchair and she is able to get herself up out of her wheelchair. There is a lack of evidence to support the medical necessity of home health visits and the recommendation does not specify the type of visits needed. There is a lack of evidence to support the 3 hours a day, 4 days a week for 4 weeks without further evaluation and assessment. There was not a clinical examination from a primary care physician provided for this request. Therefore, the request for Sixteen (16) home health aide visits, 3 hours per day, 4 days per week over 4 weeks for the lumbar spine is not medically necessary.