

Case Number:	CM14-0129741		
Date Assigned:	08/20/2014	Date of Injury:	03/22/2010
Decision Date:	04/06/2015	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/14/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 63 year old male sustained a work related injury on 03/22/2010. According to a progress report dated 06/17/2014, the injured worker complained of neck, arm, low back and leg pain. Treatments have included physical therapy, herb treatment, acupuncture, TENS unit, anti-inflammatory, chiropractic care, massage therapy, narcotics, muscle relaxants and surgery. Surgical history was significant for cervical surgery in June 2012 and lumbar surgery February 2013. Plan of care included x-rays. According to a progress report dated 06/04/2014, diagnoses included spinal stenosis in cervical region, intervertebral disc disorder with myelopathy unspecified, displacement of lumbar intervertebral disc without myelopathy and other testicular hypofunction. Past medical history included history of diabetes mellitus, thyroid, hypertension, depression. The injured worker denied any past surgical procedures. On 07/18/2014, Utilization Review non-certified home health care 8 hours per week x 12 weeks. According to the Utilization Review physician, the clinic did not detail specific medical treatment required and whether the claimant was homebound on a full or intermittent basis. Official Disability Guidelines were referenced. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care 8 hours per week x 12 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-home health services.

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

Decision rationale: The patient presents with pain and weakness in his neck, lower back and upper/ lower extremity. The request is for HOME HEALTH CARE 8 HOURS PER WEEK X12 WEEKS. Per 07/01/14 progress report, the patient rates his pain as 4-5/10 with medication and 7/10 without medication. The patient started doing weight training at the gym. The MTUS Guidelines page 51 on home-health services recommend "this service 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, laundering, and personal care given by home-health aids like bathing, dressing, and using the bathroom when this is the only care needed." In this case, the treater requested for a chore worker to assist the patient's needs, because the patient remains unable to perform heavy cleaning and other similar activities within his home. There is no documentation of paralysis, significant neurologic deficits, or functional loss to prevent this patient from self-care and performing the necessary ADLs. MTUS guidelines do not support home health service for cleaning aid. The request IS NOT medically necessary.