

Case Number:	CM14-0164424		
Date Assigned:	10/09/2014	Date of Injury:	11/01/2011
Decision Date:	07/02/2015	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/07/2014

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, Pain Management

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 62 year old female who sustained an industrial injury on 11/01/01. Initial complaints and diagnoses are not available. Treatments to date include 3 back surgeries, 1 neck surgery, physical therapy, intrathecal pain pump, medications, and aqua therapy. Diagnostic studies are not addressed. Current complaints include slow recovery status post T11-L4 fusion. She has limited mobility and is unable to put on clothes or socks and shoes. Current diagnoses include post laminectomy syndrome of the lumbar region, kyposcoliosis and scoliosis. In a progress note dated 09/17/14 the treating provider reports the plan of care as continued aqua therapy and home health for 6 hours/day for assistance with her activities of daily living and mobility. The requested treatments include is home health care for 4 hours/day, 7 days/week, for a month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Functional Status Evaluation or resume home health 4 hrs/day, 7 days/week x1 month body part; Lumbar Spine, Psych: Upheld

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

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

Decision rationale: Regarding the request for home health care, California MTUS states that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, and 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. Within the documentation available for review, there is no documentation that the patient is in need of specialized home care (such as skilled nursing care, physical, occupational, or speech-language therapy) in addition to home health care. The primary care need appears to be custodial which should be completed by a home health aide, not a home health nurse. As such, the currently requested home health care is not medically necessary.