MAXIMUS Federal Services

Case Number:	CM14-0185109		
Date Assigned:	11/13/2014	Date of Injury:	02/14/2003
Decision Date:	01/09/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/06/2014

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 and Rehabilitation, has a subspecialty in Pain Management 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 patient is a 56 year old female with date of injury 2/14/03. She struck her head while abruptly rising from her desk to adjust her computer. The treating physician report dated 10/2/14 (87) indicates that the patient presents with pain affecting the lower back. The physical examination findings reveal restricted range of motion in cervical and lumbar spine, negative straight leg raising test, tenderness of paravertebral muscles and sacroiliac spine, and positive left shoulder Hawkins, Neer and Empty cans test. Prior treatment history includes prescribed medications, physical therapy, sacroiliac fusion in 2012, lumbar fusion 2001, spinal manipulation and steroid injections. Current medications include Tizanidine, Senna, Colace, Cymbalta, MS Contin 15mg and 30 mg, Omeprazole, Neurontin, Zofran, Tegaderm, Oxycodone, Amitiza, Klor-con, Lisinopril, Simvastatin, Hydrochlorothiazide, Coumadin and K-tab. MRI findings reveal minimal degenerative disc disease, C5-6, C7-T1, along with possible bulging or protrusion at C7-T1. The current diagnoses are: 1. Sacroiliac pain (right)2. Shoulder Pain3. Spasm if muscle4. Radiculopathy 5. Spinal/Lumbar degenerative disc disease (DDD) 6. Low back pain.The utilization review report dated 10/21/14 denied the request for Home Health Services: 8 hours a day of in home services to help with activities of daily living (ADLs) based on the patient not being defined as homebound, citing page 51 of the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health services: 8 hours a day of in home services to help with ADLs: Upheld

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

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

Decision rationale: The patient presents with pain affecting the low back. The current request is for Home Health Services: 8 hours a day of in home services to help with ADLs. MTUS guidelines page 51 states, Home health services: "Recommended only for otherwise recommended medical treatment for patients who are homebound, 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, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. (CMS, 2004)." In this case the treating physician is requesting 8 hours a day of in home services. The MTUS guidelines clearly state that no more than 35 hours per week of in home services is recommended for patients who are homebound. There is no evidence provided that suggests the patient requires a request of home health services above and beyond the MTUS guidelines. Therefore, home health services are not medically necessary and appropriate.