

Case Number:	CM14-0187354		
Date Assigned:	11/17/2014	Date of Injury:	09/14/2012
Decision Date:	01/06/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/10/2014

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:

This is a female patient with a date of injury of September 14, 2012. A utilization review determination dated November 3, 2014 recommends non-certification of home health nursing 8 hours a day for 5 days a week for TBD weeks and home health aide 8 hours a day for 5 days a week for TBD weeks. A progress note dated September 24, 2014 identifies subjective complaints of significantly intensified back and leg pain, left worse than right. The physical examination of the lumbar spine reveals severe tenderness at the lumbosacral region with extension increasing pain, straight leg raising test is positive on the left, and right distal leg strength is 4/5 related to decreased effort secondary to pain. The diagnoses include cervical spondylosis with right upper extremity radiculopathy, right shoulder impingement impairment, left L4-5 and L5-S1 disc herniations with radiculopathy, and diabetes mellitus. The treatment plan recommends post-op home healthcare after discharge from the hospital for eight hours a day for the first five days. The patient is scheduled for surgery on October 21, 2014. The patient was issued prescriptions for Norco 10 mg #60, Orudis 75 mg #30, and Ultram 50 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health nursing 8 hours a day for 5 days a week for TBD weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 51 of 127.

Decision rationale: Regarding the request for home health nursing 8 hours a day for 5 days a week for TBD weeks, 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 will be homebound following surgery and in need of specialized home care (such as skilled nursing care, physical, occupational, or speech-language therapy). Additionally, this is an open-ended request with no duration, and unfortunately there is no provision to modify the current request. As such, the currently requested home health nursing 8 hours a day for 5 days a week for TBD weeks is not medically necessary.

Home health aide 8 hours a day for 5 days a week for TBD weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 51 of 127.

Decision rationale: Regarding the request for home health aide 8 hours a day for 5 days a week for TBD weeks, 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 will be homebound following surgery and in need of specialized home care (such as skilled nursing care, physical, occupational, or speech-language therapy). Additionally, this is an open-ended request with no duration, and unfortunately there is no provision to modify the current request. As such, the currently requested home health aide 8 hours a day for 5 days a week for TBD weeks is not medically necessary.