

Case Number:	CM14-0190817		
Date Assigned:	11/24/2014	Date of Injury:	02/20/2011
Decision Date:	01/09/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/15/2014

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 Internal 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 patient is an injured worker with cervical spine and lumbar spine complaints. Date of injury was 02-20-2011. Mechanism of injury was slip and fall. The pain management report dated 7/29/14 documented subjective complaints of low back pain and neck pain. Physical examination was documented. The patient is alert and oriented. Cervical spine and lumbosacral spine tenderness was noted. Diagnoses included cervical spine sprain strain, cervical radiculopathy, lumbar spine sprain strain, and lumbar radiculopathy. The internal medicine evaluation report dated August 29, 2014 documented a medical history of melanoma cancer, asthma, anxiety, cardiac palpitations, depression, chronic pain syndrome, lymph node removal, sinus surgery, and cholecystectomy. The patient is currently taking Cymbalta, Norco and Ibuprofen. She was no acute distress and appears comfortable at rest. Cardiac and pulmonary examination was normal. The treatment plan included a request for a home health aide.

IMR ISSUES, DECISIONS AND RATIONALES

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

home health aide QTY#6: 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: California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 51) addresses home health services. Home health services are recommended only for medical treatment for patients who are homebound. Home health services are recommended only for medical treatment. Medical treatment does not include homemaker services like shopping, cleaning, and laundry. Medical treatment does not include personal care given by home health aides like bathing, dressing, and using the bathroom. Medical treatment does not include home health aides. Home health aides are not considered medical treatment, and are not recommended. California MTUS guidelines state that home health aides are not considered medical treatment. Per MTUS, home health services are recommended only for medical treatment. Because home health aides are not considered medical treatment, home health aides are not supported by MTUS guidelines. California MTUS guidelines do not support the medical necessity of a home health aide. Therefore, the request for home health aide QTY#6 is not medically necessary.