MAXIMUS Federal Services

Case Number:	CM14-0198403		
Date Assigned:	12/08/2014	Date of Injury:	10/12/2005
Decision Date:	01/21/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	11/25/2014

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 injured worker (IW) is a 65-year-old man with a work related continuous trauma injury dated October 12, 2005. The mechanism of injury was not noted in the received medical records or in Utilization Review report. According to a Primary Physician's Progress Report (PR-2) dated 09/26/2014, the IW presented with complaints of low back pain with associated spasms. Diagnoses included lumbosacral sprain/strain with 2-3mm disc protrusions at L3-L4, through L5-S1 with hypertrophy; degenerative joint disease, and history of rhizotomy at L3-4 and L4-5. Treatments have consisted of interferential unit, medications, and heat. Diagnostic testing included MRI dated April 27, 2011, which showed 2-3 mm disc protrusions at L3-L4, L4-L5, and L5-S1 with hypertrophy. Work status is noted as temporarily totally disabled. The remained of the handwritten progress report was illegible. The current request is for Home Care 2 hours a day, 7 days a week for 6 weeks for household, cleaning, and laundry. The treating physician did not provide clinical indication for home care services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Care Two Hours/day 7 days/week for six weeks for household cleaning laundry: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Home Health Services

Decision rationale: Pursuant to the Official Disability Guidelines, decision for home care two hours per day, seven days a week for six weeks for household cleaning and laundry is not medically necessary. Home health services include both medical and nonmedical services for patients who are homebound and who require one or a combination of the following: 1) skilled nursing care by a licensed medical professional for tasks such as administration of intravenous drugs, dressing changes, physical therapy, pathology services, and occupational therapy; 2) Home health aide services for health-related tasks and assistance with activities of daily living that do not require skills of a medical professional, such as bowel and bladder care, feeding, bathing, dressing and transfer and assistance with administration of oral medications; and/or domestic services such as shopping, cleaning, laundry at the individual is no longer capable of performing illness or injury the services do not require specialized training and do not need to be performed by a medical professional. The indications for medical necessity required documentation. Home healthcare services are medically necessary where the medical condition results in an inability to leave the home for medical treatment and/or an inability to perform specific custodial or homemaker services. The indications are enumerated in the Official Disability Guidelines. The Chronic Pain Medical Treatment Guidelines state "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 bathroom when this is the only care needed". In this case, the injured workers working diagnoses are lumbosacral spine strain/strain with bulging discs to 3 mm at L3 L4 and L5 S1; and degenerative joint disease with history of rhizotomy at L3 - L4 and L4 - L5. The progress note(s) are largely illegible and there is no clinical indication to support home care services. Specifically, home care for household cleaning and laundry is not a clinical indication for home care services. Consequently, after the appropriate clinical indication and the appropriate documentation, Homecare two hours per day, seven days a week for six weeks for household cleaning and laundry is not medically necessary.