

Case Number:	CM14-0199184		
Date Assigned:	12/02/2014	Date of Injury:	11/07/2005
Decision Date:	01/26/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/20/2014

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 a history of neck, back, and hip conditions. Date of injury was November 7, 2005. Neurological consultation report dated 4/29/2014 documented that on June 15, 2001, the patient sustained injuries to her neck and left shoulder blade, with pain that was sharp and burning as well as numbness and tingling. She was walking when she slipped and fell. She has undergone cervical spine surgery and was hospitalized for the cervical spine surgery on May 10, 2012. Physical examination was documented. The patient was alert and oriented to person, place, time and situation. The speech was fluent without aphasia or dysarthria. The recent, remote, and immediate memories were intact. No apraxia or agnosia noted on examination. There was 5/5 strength in the muscles of all extremities. Muscle tone and bulk were within normal limits. No abnormal movements were noted. Deep tendon reflexes were 2+ and equal in biceps, triceps, brachioradialis, quadriceps and gastrocnemius bilaterally. Sensation was grossly intact throughout. There were good rapid alternating movements of the upper extremities, as well as finger-to-nose and heel-to-shin testing. The patient's posture was normal in the lying, sitting and standing positions. The gait was performed well on toes, heels and soles, as well as in tandem. The primary treating physician's progress report dated 10/14/14 documented low back pain and leg complaints. Objective findings were documented. There is lumbar tenderness. Forward flexion is 40 degrees. Cervical spine flexion is within one finger breadth of chin to chest. Cervical extension is 10 degrees. Lateral rotation is 70 degrees bilaterally. Diagnoses were status post right total hip arthroplasty, cervical laminotomy and fusion C3 through C7, left total hip arthroplasty, and degenerative spondylolisthesis with canal stenosis at L4-5. Treatment plan was documented. Housekeeping and home healthcare assistance 6 hours per day 7 days a week for six weeks were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

House keeping and home healthcare assistance 6/hr per day x 7/per week x 6 weeks qty: 252 hrs: Upheld

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

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

Decision rationale: 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. 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. The primary treating physician's progress report dated 10/14/14 documented a request for housekeeping and home healthcare assistance 6 hours per day 7 days a week for six weeks. MTUS guidelines indicate that home health aides are not considered medical treatment. Per MTUS, homemaker services like shopping, cleaning, and laundry are not considered medical treatment. Per MTUS, personal care like bathing, dressing, and using the bathroom are not considered medical treatment. Per MTUS, home health services are recommended only for medical treatment. Because home health services and homemaker services are not considered medical treatment, the request for housekeeping and home healthcare assistance is not supported by MTUS guidelines. Therefore, the request for housekeeping and home healthcare assistance 6/hr per day x 7/per week x 6 weeks qty: 252 hrs. is not medically necessary.