

Case Number:	CM14-0199480		
Date Assigned:	12/09/2014	Date of Injury:	11/27/1996
Decision Date:	01/27/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/26/2014

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 Rehab, has a subspecialty in Pain 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:

This is patient with a date of injury of November 27, 1996. A utilization review determination dated November 6, 2014 recommends noncertification of in-home assistance 2 hours a day 2 days a week for 6 months. A progress report dated October 28, 2014 identifies subjective complaints of low back pain and numbness in the left thigh. The patient also continues to have bilateral knee pain and neck pain that radiates to the left upper extremity. Physical examination findings revealed decreased sensation in the left L5 dermatome and normal strength in the lower extremities. There is also tenderness the palpation in the paravertebral muscles bilaterally. The patient is in a wheelchair. Diagnoses include status post left carpal tunnel release, severe facet arthropathy, grade 1 spondylolisthesis, status post permanent spinal cord stimulator, lumbar stenosis, left L5 radiculopathy, status post L3-4 and L4-5 decompression, lumbar disc degeneration, left total knee arthroplasty, and status post removal of spinal cord stimulator. The treatment plan recommends in-home assistance 2 hours a day, 2 times a week, for 6 months. "The patient's physical limitations make it a hardship to perform general housekeeping." Additionally, results of the MRI scan of the lumbar spine will be obtained and reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

In Home Assistance 2 hours a Day 2 Days a week for 6 Months: 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 Home health services Page(s): 51.

Decision rationale: Regarding the request for home health care, 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 is homebound and in need of specialized home care (such as skilled nursing care, physical, occupational, or speech-language therapy) in addition to home health care. In the absence of such documentation, the currently requested home health care is not medically necessary.