

Case Number:	CM14-0204154		
Date Assigned:	12/16/2014	Date of Injury:	09/01/2003
Decision Date:	02/04/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/05/2014

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 54-year-old man with a date of injury of September 1, 2003. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses lumbar spine musculoligamentous sprain/strain with a 6 mm midline and right paracentral disc protrusion resulting in abutment of the descending L5 nerve roots bilaterally; thoracic spine musculoligamentous sprain/strain, unchanged; stress, anxiety and depression secondary to chronic pain and physical limitations; and diabetes in gastrointestinal upset. Pursuant to the progress report dated November 6, 2014, the IW complains of persistent residual low back pain, stiffness and weakness with bilateral lower extremity numbness and tingling. He notes difficulty ambulation, for which a cane is used. He denied new injuries or worsening low back pain. The IW manages his symptoms with home exercises, medications and TENS unit. The IW sees an internist for diabetes and gastrointestinal symptoms. He sees a psychiatrist for depression and anxiety. The IW requested home health services for assistance with household chores and self-care, which is currently provided by his some and his wife. The treating physician explains the IW continued pain and functional impairment caused by his work related injury. He is unable or experiences marked increase symptoms with personal and home care activities of bathing, dressing, washing his feet and other personal hygiene as well as performing housework including mopping, vacuuming, dusting, making a bed, cleaning the bedroom, sweeping, painting, cooking, doing dishes and laundry and grocery shopping. The IW is not homebound. There are no objective deficits or specific activities due to the medical condition documented in the medical record. The current request is for ancillary home health assistance, four hours per day, seven days a week for one year.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ancillary Home Health Assistance, 4 Hours per Day, 7 Days a Week for 1 Year: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Home Health Aids

Decision rationale: Per the Official Disability Guidelines, home healthcare services are medically necessary when a 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 justification for medical necessity requires documentation of a medical condition that necessitates home health services including objective deficits and specific activities precluded by those deficits; the expected kind of services that will be required; a level of expertise and/or professional licensure required to perform the services; etc. See the guidelines for additional details. In this case, the injured worker's working diagnoses are lumbar spine musculoligamentous sprain/strain with a 6 mm midline and right paracentral disc protrusion resulting in abutment of the descending L5 nerve roots bilaterally; thoracic spine musculoligamentous sprain/strain, unchanged; stress, anxiety and depression secondary to chronic pain and physical limitations; and diabetes in gastrointestinal upset. A detailed medical report on November 6, 2014 contains documentation by the treating physician that ancillary home assistance services are indicated. The treating physician explains the patient's "continued pain and functional impairment caused by his work related injury he is unable or experiences marked increase symptoms with personal and home care activities of bathing, dressing, washing his feet and other personal hygiene as well as performing housework including mopping, vacuuming, dusting, making a bed, cleaning the bedroom, sweeping, painting, cooking, doing dishes and laundry and grocery shopping". These are custodial duties. The injured worker is not homebound and the services are not necessary to the injured workers medical treatment. There is no medical condition that necessitates home health services. The guidelines do not recommend home health services for household chores or self-care such as shopping, cleaning and laundry and personal care like bathing, dressing and using the path when this is the only care needed. There are no objective deficits or specific activities due to the medical condition documented in the medical record. Consequently, absent the appropriate clinical information, the request is not medically necessary.