

Case Number:	CM14-0204482		
Date Assigned:	12/16/2014	Date of Injury:	04/29/2006
Decision Date:	02/04/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/08/2014

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 Family Practice, has a subspecialty in ENTER SUBSPECIALTY 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:

63 yr. old male claimant sustained a work injury on 4/29/06 involving the low back. He was diagnosed with L5-S1 disc disease. He had undergone physical therapy and used analgesics for pain. He had undergone a laminectomy and decompressive surgery on 8/13/14. A progress note on 9/24/14 indicated the claimant had continued pain in the low back. He had undergone epidural blocks, acupuncture, and multiple medications. Exam findings were notable for a positive straight leg raise test and decreased sensation in the right leg compared to the left leg. The physician requested a home health aid as needed for his wife to take care of the claimant.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health aide (4 hours/ day, 7 days a week for 3 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 . Page(s): 51.

Decision rationale: Home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. 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. In this case, the home care was provided for the wife to take care of the claimant. Specific duties and needs were not specified. Advanced need for 3 months is not justified. Based on the information provided, home health is not medically necessary.