

Case Number:	CM14-0205611		
Date Assigned:	12/17/2014	Date of Injury:	06/28/1991
Decision Date:	02/06/2015	UR Denial Date:	11/12/2014
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 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:

The injured worker is a 54-year-old female with an original date of injury of June 28, 1981. The mechanism of injury occurred when she fell against her right arm and hip area. The patient develop chronic low back pain, hip pain, and eventually had lumbar fusion on the L4 to S1 levels. Diagnostic workup has included electromyography on May 30, 2014 which showed no evidence of radiculopathy. The patient has had conservative treatment with pain medications, physical therapy, and epidural steroid injections. The disputed issue is a request for home care for four hours a day and five days per week for six weeks. This request was denied in a utilization review determination on November 12, 2014, with citation of page 51 of the Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue Home Care (4 hours/day, 5 days/week for 6 weeks): Upheld

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

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 injured worker 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 fact a recent note from November 12, 2014 indicates the injured worker is able to perform ADL's, and there is not medical necessity of any skilled nursing care noted. In the absence of such documentation, the currently requested home health care is not medically necessary.