

Case Number:	CM14-0206975		
Date Assigned:	12/18/2014	Date of Injury:	06/13/2007
Decision Date:	02/19/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/10/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

51y/o female injured worker with date of injury 6/13/07 with related low and mid back pain. Per progress report dated 11/5/14, physical exam revealed tenderness of the bilateral low back and mid thoracic spine, and tenderness of the bilateral sacroiliac joints. She had 4/5 strength with full active range of motion of the bilateral upper extremities, 3+/5 strength of the bilateral lower extremities, an antalgic gait, and inconsistent sensation in all extremities. Treatment to date has included physical therapy, surgery, epidural steroid injections, and medication management. The date of UR decision was 11/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for Home Health Care (7 days a week for 6 hours a day 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 Services Page(s): 51.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines with regard to home health services: 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. (CMS, 2004) Per the documentation submitted for review, the injured worker was receiving help from home health assistance because she cannot shower by herself, she cannot make her bed without assistance, she has difficulty remembering when to take her medications, she needs assistance getting dressed, she needs assistance making meals, and she needs assistance with transportation. Per the guidelines, medical treatment does not include personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. The request is not medically necessary.