

Case Number:	CM14-0026908		
Date Assigned:	09/05/2014	Date of Injury:	05/08/2012
Decision Date:	03/31/2015	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/04/2014

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 42 year old female, who sustained an industrial injury on 5/8/2012. The diagnoses have included lumbar radiculopathy, status post lumbar decompression and fusion and complex regional pain syndrome (CRPS) of the left lower extremity. Treatment to date has included surgical intervention, physical therapy, acupuncture, left lumbar sympathectomy on 12/13/2013 and pain medications. According to the progress note dated 1/10/2014, the injured worker had severe pain in the low back and worse pain in her left lower extremity. She had difficulty with sleep and very limited function due to her pain symptoms. She was using oxycontin and oxycodone. The injured worker walked with a cane; she was significantly antalgic. Per the note dated 1/16/2014, the injured worker continued to have significant moderately severe lumbar pain with allodynia of the left lower extremity. She had been using a cane and experienced considerable difficulty in ambulating and performing her activities of daily living. The treatment plan was for a wheelchair and full time home care to be provided by the injured worker's daughter. On 2/11/2014 Utilization Review (UR) non-certified a request for a full time home health aide care. The Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health aide care: full time home care: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 91, Chronic Pain Treatment Guidelines Medical treatment guidelines, Home health services Page(s): 51. Decision based on Non-MTUS Citation Blue Cross/ Blue Shield Medical Policy; Official Disability Guidelines (ODG), Neck and Upper Back Chapter; Official Disability Guidelines (ODG), Lower Back Chapter; Centers for Medicare & Medicaid Services (CMS). Medicare and Home Health Care, 2004; Medicare Guidelines: August 2006, Coverage Guidelines for Home Health Agencies

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: The patient has persistent complaints of debilitating low back pain with right lateral thigh pain and tingling. The current request is for Home health aide care: full time home care. The 1/16/14 attending physician report indicates the patient is using a cane for ambulation, and that the cane has not been that helpful. He also states that her daughter is helping her with ADLs, and he would like her daughter to help for fulltime homecare. Wheel chair was recommended along with full time home care. The MTUS guidelines state 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. The guidelines are clear that Home Health Services are for medical treatment only and not for homemaker services. In this case, no objective findings were noted. The attending physician failed to mention why the patient requires a home health aide for full time home care. The current request lacks the necessary documentation to support a full time home health care aide. There is no objective evidence that the patient is unable to care for herself. There is just subjective remarks that the patient is having difficulty ambulating and has trouble with ADLs. There are no specific examples of what the patient is having such difficulty with that would require full time home health care. As such, the recommendation is for denial.