

Case Number:	CM14-0077038		
Date Assigned:	12/19/2014	Date of Injury:	08/02/2000
Decision Date:	01/16/2015	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/27/2014

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 Emergency Medicine and is licensed to practice in New York. 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 patient is a 59-year-old female who was injured on December 24, 1993. The patient continued to experience pain in her low back, bilateral lower extremities, and right hip. Physical examination was notable for palpation and tenderness to the paraspinal muscles of the neck and lower back, tenderness on external and internal rotation of the right hip, and left foot drop. Diagnoses included right patella chondromalacia, enthesopathy of the hip region, degeneration of the cervical intervertebral disc, reflex sympathetic dystrophy, thoracic/lumbosacral neuritis/radiculitis, and degenerative lumbar/lumbosacral intervertebral disc. Treatment included medication, physical therapy, acupuncture, and home exercise program. Request for authorization for In Home Assistance for 16 hours daily was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

In-Home Assistance Quantity 16: 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 Pain Interventions and Guidelines Page(s): 51.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that home health services are recommended only for recommended medical treatment in 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 personal care like bathing, dressing, or toileting and it does not include homemaker services like shopping, laundry, or cleaning. The care requested in this case was for In-Home Assistance for activities of daily living. These services are not covered. The request for In Home Assistance is not medically necessary and appropriate.