

Case Number:	CM14-0079929		
Date Assigned:	07/18/2014	Date of Injury:	01/17/2001
Decision Date:	01/28/2015	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	05/30/2014

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 Occupational 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:

This is a 55-year-old female with a 1/17/01 date of injury. According to a progress report dated 4/30/14, the patient remained symptomatic with low back pain following surgery on 8/12/13. She noted an increase in left-sided low back pain with symptoms radiating to both thighs, and she was now experiencing leg cramps. She also had persistent neck pain that radiated to both upper extremities and both shoulders. She also complained of persistent right knee pain that was aggravated by ambulation as well as left upper arm pain. The provider has requested 12 hours of assistance on a weekly basis for housekeeping, laundry, changing bed linens, and assistance with preparing for meals and grocery shopping. Objective findings: bilateral paraspinous tenderness from C2 to T1 with tenderness in both trapezius muscles; limited range of motion of cervical and lumbar spine, bilateral shoulder tenderness (right > left), limited range of motion at both the level of the shoulder and the elbow, decrease in sensation in the right radial forearm and over the right thumb and index finger. Diagnostic impression: cervical degenerative disc disease status post cervical fusion in 2009, status post rotator cuff repair x2, status post L4-L5 laminectomy on 5/27/10 and prior lumbar surgery x3 with persistent right L4 radiculopathy, status post L3-S1 posterior fusion on 8/12/13, bilateral knee sprain/strain, acute left triceps injury. Treatment to date: medication management, activity modification, multiple spinal surgeries. A UR decision dated 5/22/14 denied the request for home health assistance. She was better able to participate in activities of daily living including self-care issues such as bathing and dressing herself and light activities around the home, including assisting with meal preparation. Without medications, she was very limited. As a result, the medical necessity for home health assistance is not apparent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health assistance: 12 hours on a weekly basis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back-Lumbar & Thoracic

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

Decision rationale: CA MTUS states that 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. However, in the present case, there is no documentation that this patient is homebound. In addition, there is no documentation that the requested home health aid is to serve a medical purpose. It is noted that the provider has requested 12 hours of assistance on a weekly basis for housekeeping, laundry, changing bed linens, and assistance with preparing for meals and grocery shopping. 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. Therefore, the request for Home health assistance: 12 hours on a weekly basis is not medically necessary.