

Case Number:	CM15-0009484		
Date Assigned:	01/27/2015	Date of Injury:	12/15/1999
Decision Date:	03/19/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/16/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 an 80 year old female, who sustained an industrial injury on December 15, 1999. The diagnoses have included lumbar spondylosis, unstable grade 1 degenerative spondylolisthesis at L4-L5, leg length discrepancy, cervical spondylosis with radiculopathy, status post anterior cervical discectomy and fusion C4-C7 on December 16, 2011, neck pain, and cervical spinal stenosis. Treatment to date has included physical therapy, an extreme lateral interbody fusion (XLIF) with posterior spinal fusion (PSF) at L4-L5 with laminectomy at L3 and L4 on March 25, 2014, an XLIF L3-L4 with PSF instrumentation at right L3-L4 and revision of left L3-L4 neuroforaminotomy on May 10, 2014, home care, and medications. Currently, the injured worker complains of weakness in the bilateral lower extremities. The Physician's noted dated November 5, 2014, noted the injured worker using a walker to get around, with very little pain, and concern over her slow recovery. Physical examination was noted to show sitting straight leg raises causing knee pain only when knee is maximally extended. Radiographs were taken and noted to look good. On December 29, 2014, Utilization Review non-certified continued home health aide six hours a day for five days a week, for six weeks noting that within the submitted medical record there was no documentation of the services rendered by the home health aide, and the record did not outline the continued use of the home health aide, citing the MTUS Chronic Pain Medical Treatment Guidelines. On January 16, 2015, the injured worker submitted an application for IMR for review of continued home health aide six hours a day for five days a week, for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued home health aide 5 x 6, for 6 hours per day: Upheld

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

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

Decision rationale: According to MTUS and ODG Home Health Services section, "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." Given the medical records provided, it is difficult to determine if the patient is 'homebound' as she is ambulatory with a walker and having little pain. The treating physician does not detail what specific home services the patient should have. Additionally, documentation provided does not support the use of home health services as 'medical treatment,' as defined in MTUS. The most recent records document walking, toileting assistance and bathing assistance only. As such, the current request for Home health aide six hours a day, five days a week for 6 weeks is not medically necessary.