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| Case Number: | CM15-0105154 | | |
| Date Assigned: | 06/09/2015 | Date of Injury: | 01/16/2009 |
| Decision Date: | 07/14/2015 | UR Denial Date: | 04/28/2015 |
| Priority: | Standard | Application Received: | 06/01/2015 |

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: California
 Certification(s)/Specialty: Emergency Medicine

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 66 year old female, who sustained an industrial injury on 1/16/2009. She reported acute onset of low back pain after a fall from a seated position. Diagnoses include sciatica, Pes Anserinus Bursitis, internal derangement of the knee, abnormality of gait and lumbar sprain/strain. Treatments to date include medication therapy including topicals due to an intolerance to oral NSAIDs or acetaminophen products, physical therapy, back brace, epidural steroid injection and enrollment into a functional restoration program. Currently, she complained of back pain. The pain was rated 6/10 VAS. It was associated with numbness, tingling, swelling and weakness. She reported being unable to complete activities of daily living independently including bathing, cleaning, dressing and grooming. The provider documented she required assistance for ambulation and transfers due to weakness. On 3/12/15, the physical examination documented pitting edema and decreased strength to lower extremities bilaterally. There were trigger points palpated in multiple locations from the upper trapezius to gluteus medius. The range of motion in the lumbar spine was limited with decreased sensation in the right lower extremity. There was an antalgic left sided gait with a walker. The plan of care included in home health care for assistance with daily living activity needs.

IMR ISSUES, DECISIONS AND RATIONALES

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

In Home Health Care unspecified duration and frequency: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 51, Home health services Page(s): 51.

Decision rationale: The requested In Home Health Care unspecified duration and frequency, is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 51, Home health services, note 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. 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 injured worker has back pain. The pain was rated 6/10 VAS. It was associated with numbness, tingling, swelling and weakness. She reported being unable to complete activities of daily living independently including bathing, cleaning, dressing and grooming. The provider documented she required assistance for ambulation and transfers due to weakness. On 3/12/15, the physical examination documented pitting edema and decreased strength to lower extremities bilaterally. There were trigger points palpated in multiple locations from the upper trapezius to gluteus medius. The range of motion in the lumbar spine was limited with decreased sensation in the right lower extremity. There was an antalgic left sided gait with a walker. The treating physician has not documented what specific home health services are being requested nor their medical necessity nor the duration and frequency. The criteria noted above not having been met, In Home Health Care unspecified duration and frequency, is not medically necessary.