MAXIMUS Federal Services

Case Number:	CM15-0109339		
Date Assigned:	06/15/2015	Date of Injury:	07/16/2010
Decision Date:	07/21/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/05/2015

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, North Carolina
Certification(s)/Specialty: Family Practice

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 50 year old male, who sustained an industrial injury on 07/16/2010. The injured worker is currently disabled. The injured worker is currently diagnosed as having cervical myoligamentous injury with bilateral upper extremity radicular symptoms, cervical cord myelopathy with central cord syndrome, status post anterior cervical fusion, bilateral knee internal derangement, status post right knee arthroscopic surgery, status post left total knee arthroplasty, status post L5-S1 fusion, lumbar spine post-laminectomy syndrome with bilateral lower extremity radiculopathy, gastrointestinal distress with nausea and vomiting, atopic dermatitis secondary to chronic opiate use, and continuous cervicogenic headaches with migrainous component. Treatment and diagnostics to date has included unremarkable lower extremity electromyography/nerve conduction velocity studies, electromyography/nerve conduction velocity studies of the upper extremities revealed bilateral carpal tunnel syndrome, cervical spine MRI which showed status post C3-C7 anterior discectomy and fusion, diffuse central spinal stenosis with foraminal narrowing, bilateral knee surgeries, cervical spine fusion, trigger point injections, and medications. In a progress note dated 05/21/2015, the injured worker presented with complaints of falling on a daily basis and relying more on his wheelchair for mobility stating he has worsened following his recent cervical fusion on 02/10/2014. Objective findings include an ataxic gait, decreased cervical range of motion with guarding, decreased sensation in bilateral upper extremities, lumbar tenderness with decreased range of motion, and positive ankle clonus bilaterally. The treating physician reported requesting authorization for a daily home health aide due to incontinence and frequent falls.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health aide 24 hours per day for 7 days per week: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The CA MTUS Guidelines state that home health care services are recommended only for patients who are home bound, on a part-time or intermittent basis, generally up to more than 35 hours/week. Home health services should be limited to that needed for medical purposes. Medical treatment does not include homemaker services. The request is for home health services 24 hours/day, 7 days/week, which exceeds guidelines. There is no rationale presented justifying the necessity of constant home health services, therefore the request is deemed not medically necessary or appropriate.