

Case Number:	CM15-0130212		
Date Assigned:	07/16/2015	Date of Injury:	04/21/1997
Decision Date:	08/19/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/06/2015

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: Physical Medicine & Rehabilitation

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 was a 78 year old female, who sustained an industrial injury, April 21, 1997. The injured worker previously received the following treatments random laboratory studies was negative for any unexpected findings, C5-C6 epidural steroid injection under fluoroscopic guidance on March 30, 2015, Oxycontin, Percocet, Effexor, Diovan, Ambien, Home exercise program, epidurogram, cervical spine MRI and thoracic-lumbar spine x-rays. The injured worker was diagnosed with lumbar radiculopathy, status post thoracolumbar fusion T6-S1, status post total arthroplasty of right knee, cervical radiculopathy, C5-C6 severe stenosis, chronic pain syndrome, status post ulnar nerve transfer and depression. According to progress note of April; 21, 2015, the injured worker's chief complaint was chronic neck pain that radiates into the arms, mild low back pain that radiates to the bilateral legs and knees, mid thoracic pain. The injured worker had difficulties with activities of daily living. The injured worker needed help with cooking and cleaning. The mediations provided 30-40% relief and no side effects. The physical exam noted the injured worker ambulated with antalgia. The straight leg raises were positive bilaterally. The treatment plan included home health services 4 hours a week for cleaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health, four hours per week, for cleaning: Upheld

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

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

Decision rationale: The patient presents with chronic neck pain that radiates to arms; mid to low back pain that radiates to bilateral legs and knees; mid thoracic pain. The request is for home health, four hours per week, for cleaning. The request for authorization is not provided. The patient is status post C5-6 epidural steroid injection, 03/30/15. She has difficulty doing ADL's. She has help with cooking and cleaning. Medications provide 30-40% relief and no side effects. Patient is to continue home exercise program. Per progress report dated 12/19/14, the patient is to remain off-work. MTUS Guidelines, page 51, has the following regarding home service, "Recommended only for otherwise recommended medical treatments for patients who are home bound 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, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." Per progress report dated 04/21/15, treater's reason for the request is "...for cleaning (she can do light cleaning only)." In this case, there is no documentation as to why the patient is unable to perform self-care and it does not appear the patient is home bound. Without adequate diagnostic support for the needed self-care such as loss of function of a limb or mobility, the request for home health care would not be indicated. MTUS guidelines are clear that home health care is for medical treatment only and does not include homemaker services. There is no documentation found in the reports provided that the patient requires medical treatment at home. MTUS recommends up to 35 hours per week for home service. However, the guidelines specifically states medical treatment does not include homemaker services like "cleaning." Therefore, the request IS NOT medically necessary.