

Case Number:	CM15-0132755		
Date Assigned:	07/20/2015	Date of Injury:	09/08/2014
Decision Date:	08/14/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/09/2015

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: 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 58-year-old male who sustained an industrial injury on 9/8/14. Progress report dated 6/12/15 reports continued complaints of neck pain and bilateral upper extremity numbness and weakness. Status post laminoplasty, laminectomies on 5/8/15. Neck pain is rated 6-7/10. He is having some difficulty with balance. Diagnoses include: cervical stenosis, cervical intervertebral disc derangement, cervical spondylotic myelopathy, and cervical radiculopathy. Plan of care includes: due to balance difficulties and falling episodes, request home health aide five day a week during the weekdays for four hours per day, a shower chair and grab bars, discussed weaning/stopping narcotics, continue Gabapentin, request psychological evaluation and request outpatient physical therapy. Work status: remain off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health aide 4 hours a day 5 days a 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, Neck & Upper Back, Home Health Services.

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

Decision rationale: The California MTUS section on home health states: 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. (CMS, 2004) The provided clinical documents for review do not show the patient to be home bound. Therefore, the request is not certified.