MAXIMUS Federal Services

Case Number:	CM15-0137271		
Date Assigned:	07/27/2015	Date of Injury:	01/08/2001
Decision Date:	08/28/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/15/2015

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, Hawaii
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 42 year old female, who sustained an industrial injury, January 8, 2001. The injured worker previously received the following treatments Norco, Soma, Oxycontin, Cymbalta, Amitriptyline, Ambien, Lidoderm Patches, Ibuprofen, transforaminal left L5 epidural steroid injection, bilateral L5 transforaminal epidural steroid injection, lumbar spine MRI, lumbar spine CT scan with discogram, psychiatric services, left sacroiliac joint steroid injection and cane. The injured worker was diagnosed with status post right knee surgery in 1999; post lumbar laminectomy syndrome, lumbar spine degenerative disc disease and mood disorder. According to progress note of June 15, 2015, the injured worker's chief complaint was increased pain since the last visit. The injured worker rated the pain at 6 out of 10 with medications and without medications, the pain was 10 out of 10. The Norco for breakthrough pain allowed the injured worker to perform activities of daily living such as laundry. The injured worker reported a 20% reduction in the pain level with this medication. The physical exam noted the injured worker walks with a cane. Without medications, the injured worker would be bed ridden. According to the physicians note the injured worker was stable, had improved quality of life, and increased capability for activities of daily living with medication regimen. The treatment plan included for home health care for 2-2.5 hours a day three times a week (to aid in doing activities of daily living such as laundry and cleaning).

IMR ISSUES, DECISIONS AND RATIONALES

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

2 hours of in-home health care 3x a week: 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 service Page(s): 51.

Decision rationale: The patient presents with pain affecting the low back. The current request is for 2 hours of in-home health care 3x a week. The treating physician report dated 6/15/15 (22B) states, "We will request a couple hours a day, 3 days a week of in-home health care as patient lives alone and needs help with daily activities." The MTUS guidelines state "Home health services: 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 guidelines are clear that Home Health Services are for medical treatment only and not for homemaker services. The report dated 6/15/15 (21B) notes that the patient does not use any assistive devices. In this case, while the patient may benefit from assistance in her daily activities, the MTUS guidelines only support home health services for medical treatment. Furthermore, the physician does not specify what medical services are to be performed by the home health aide, and why the patient is unable to perform them herself. Additionally, the total amount of days to receive the above-mentioned service is not specified in the current request. The current request does not satisfy the MTUS guidelines as an open-ended request is not supported and the need for assistance with the patient's medical treatment was not established. The current request is not medical necessary.