

Case Number:	CM15-0141599		
Date Assigned:	07/31/2015	Date of Injury:	02/24/2011
Decision Date:	08/31/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/22/2015

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 48 year old female, who sustained an industrial injury on 2-24-2011. Diagnoses include left ankle and left leg fracture, ambulation dysfunction, spinal cord injury T7-T12 incomplete, lumbar disc displacement, thoracic disc displacement, lumbar disc degeneration, thoracic disc degeneration, lumbar radiculopathy and left hand sprain or strain injury from the fall of spinal cord injury. Treatment to date has included multiple surgical interventions (ankle surgery x 2 with history of infection, and thoracic spine surgery in 2013), as well as conservative treatment consisting of diagnostics, medications, physical therapy, home exercise, psychological care, a functional restoration program, occupational therapy and the use of adaptive equipment. Per the Primary Treating Physician's Progress Report dated 5-27-2015, the injured worker reported that the functional restoration program has been helpful to teach her to better cope and manage her chronic pain condition and some functional improvement. Physical examination revealed spasm, tenderness and trigger points of the thoracic spine with reduced range of motion. There was lumbar spine tenderness and spasm with reduced range of motion and a positive straight leg raise. She walks with a rolling walker. There was left leg weakness with swelling and tenderness. The plan of care included exercise and attendance at driving school. Authorization was requested for home help assistant for 3 hours per week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home help assistant 3 hours/ 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) Pain Chapter.

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 medical records provided for review do not indicate that the patient is home bound and the type of home assistance is not specified. Therefore, the request is not medically necessary.