MAXIMUS Federal Services

Case Number:	CM15-0142028		
Date Assigned:	07/31/2015	Date of Injury:	05/28/1997
Decision Date:	09/04/2015	UR Denial Date:	07/07/2015
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: 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 is a 76 year old female, who sustained an industrial injury on 5-28-97. The injured worker has complaints of low back and pelvis pain and bilateral lower extremities with numbness and tingling pain with both lower legs with pitting edema. Examination of the lumbar spine reveals range of motion to forward flexion is 20 degrees, extension is 5 degrees and side bending is 10 degrees to the right and to the left. The diagnoses have included postlaminectomy syndrome, lumbar region; chronic pain syndrome and depressive disorder, not elsewhere classified. Treatment to date has included home care assistant; lumbar decompression in 2005; physical therapy; acupuncture: transcutaneous electrical nerve stimulation unit and medications. The request was for home health care assistance 8 hour a day for 7 days a week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care assistance 8 hour a day for 7 days a week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Loss Data Institute.

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, pelvis and bilateral lower extremities. The current request is for Home health care assistance 8 hour a day for 7 days a week. The requesting treating physicians report dated 5/20/15 (9B) states, "We request authorization for a home health aide, 8 hours a day, 7 days a week to assist patient with medical appointments, home exercise program, ADLs and patient is at risk of falling and injuring herself and needs assistance as she is dependent on the use of a wheelchair." 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. In this case, while a home health aide may be medically necessary, the current request for 56 hours a week for an unlimited duration exceeds the 35 hours supported by the MTUS guidelines. Furthermore, the physician is requesting a home health aide to assist in the patient's ADLs, which is not supported by the MTUS guidelines. The current request does not satisfy the MTUS guidelines as outlined on page 51. The current request is not medically necessary.