

Case Number:	CM15-0144326		
Date Assigned:	08/05/2015	Date of Injury:	10/09/2013
Decision Date:	09/02/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/27/2015

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: Arizona, California
 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:

This 49 year old woman sustained an industrial injury on 10-9-2013. The mechanism of injury is not detailed. Evaluation include lumbar spine MRI dated 7-7-2015 and cervical spine x-rays dated 7-7-2015. Diagnoses include lumbar herniated nucleus pulposus with neural foraminal narrowing, bilateral lower extremity radiculopathy, critical stenosis of the lumbar spine, right fifth finger fracture, rule out reflex sympathetic dystrophy of the right upper extremity, right elbow myoligamentous sprain-strain, right wrist myoligamentous sprain-strain, and right shoulder rotator cuff tear. Treatment has included oral medications and surgical intervention. Physician notes dated 7-7-2015 show complaints of residual neck pain rated 8-9 out of 10 with radiation to the bilateral upper extremities, worsening low back pain rated 8-9 out of 10 with radiation to the bilateral lower extremities, anxiety, depression, stress, and insomnia. Recommendations include further surgical intervention, future physical therapy, inpatient hospital stay for one to two days, lumbar orthotic brace, lumbosacral stabilization program, pre-operative medical clearance, assistant surgeon, internal medicine clearance, front wheeled walker, home health evaluation, transportation to and from the facility, post-treatment photographic documentation, post-operative medications including Norco, continue pain management, continue home health assistance, urine drug screen, and follow up in one month for new x-rays.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health aid, 4 hours a day, 5 days a week for 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, home health services.

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

Decision rationale: According to the MTUS guidelines, Home health services are 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. In this case, the necessity for home health was not specified. It was also requested prior to surgery without defined need and response post-op. As a result, the request is not justified and not medically necessary