

Case Number:	CM15-0182664		
Date Assigned:	09/23/2015	Date of Injury:	09/26/1998
Decision Date:	11/10/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/16/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 injured worker is a 63-year-old male, who sustained an industrial injury on 09-26-1998. The injured worker was diagnosed as having lumbar radiculitis, cervical radiculitis, and right shoulder pain. On medical records dated 07-29-2015 and 04-28-2015, the subjective complaints were noted as neck pain that radiates to hand on left side, numbness to legs, and ongoing low back pain. Pain was noted as 5 out of 10, and at its best was a 4 out of 10, and at its worst was rated 7 out of 10. Objective findings were noted as lumbar spine having a decreased range of motion, positive paravertebral tenderness, positive straight leg raise on the right, there was paresthesia at L5-S1 and no spasms. Cervical spine revealed a decreased range of motion, positive paravertebral tenderness, and decreased left rotation was noted. The injured worker was noted to require assistance with all activities of daily living including bathing, cooking, cleaning, dressing and housekeeping duties. Treatments to date included medication, injections, heat, massage and ice, TENS unit, and home health care assistance. Current medications were listed as Motrin, Zantac, Elavil, and Xoten topical. The Utilization Review (UR) was dated 08-26-2015. A Request for Authorization was dated 07-29-2015. The UR submitted for this medical review indicated that the request for continued home health care assistance 8 hours per day 7 days per week was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued home health care assistance 8 hours per day 7 days per week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services. Decision based on Non-MTUS Citation ODG Forearm, Wrist, & Hand (Acute & Chronic), Home health services, ODG Low Back - Lumbar & Thoracic (Acute & Chronic), Home health services.

Decision rationale: Per the cited CA MTUS, home health care is recommended only for otherwise recommended medical treatment for injured workers who are homebound, either part-time or "intermittent", for generally up to no more than 35 hours per week. The guidelines specify, "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." According to the sparse treating provider notes through 07-29-2015, the injured worker does not appear homebound and the need for medical home treatment is not well documented. The notes further state that he requires assistance with all activities of daily living including bathing, cooking, cleaning, dressing and housekeeping duties. If the injured worker is primarily in need of homemaker and personal services, a home health aide is not medically necessary. Furthermore, the request exceeds 35 hours per week. Therefore, based on the available medical records and cited guidelines, the request continued home health care assistance 8 hours per day 7 days per week is not medically necessary and appropriate.