

Case Number:	CM15-0194208		
Date Assigned:	10/08/2015	Date of Injury:	03/12/2012
Decision Date:	11/19/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/02/2015

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

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:

This is a 49 year old male with a date of injury on 3-12-12. A review of the medical records indicates that the injured worker is being treated for neurological trauma and related symptoms and orthopedic issues of neck, upper extremity, back and upper legs. Progress report dated 3-2-15 referenced the agreed medical examiner's recommendation that the injured worker was disabled and would be provided 14 hour per day seven days per week with home health aide. Progress report dated 6-18-15 reports continued complaints of significant pain and difficulty with activities. A home health aide was requested. According to the records the injured worker was rated 46 percent impairment of the whole person and he is totally and permanently disabled have lost 100% of future earning capacity. Progress report dated 9-1-15 reports the injured worker developed a severe infection to his foot which required amputation. Request for authorization was made for 1 home health aide 4 hours per day, 5 days per week for 6 months. Utilization review dated 9-10-15 modified the request to certify 1 home health aide 4 hours per day, 5 days per week for 2 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health aide, 4 hours per day/ 5 days per week for 6 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (Chronic) - Home health services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

Decision rationale: Based on the 3/12/15 progress report provided by the treating physician, which is the most recent report which includes subjective pain as reported by the patient, this patient presents with neck, mid-back and low back pain with spasms. The treater has asked for home health aide, 4 hours per day/ 5 days per week for 6 months on 9/1/15. The patient's diagnoses per request for authorization dated 9/2/15 are generalized pain, thoracic s/s, cervical radiculopathy, and lumbosacral radiculopathy. The patient is s/p severe infection to his foot which required a partial amputation, and the patient is unable to take care of himself as he requires intravenous antibiotics as well as nursing per 9/1/15 report. The patient is currently complaining of significant pain and dysfunction, as well as difficulty with activities of daily living per 6/18/15 report. The patient has a history of alcohol abuse, and in remission from diagnosis of multiple psychoactive substance dependence per 6/18/15 report. The patient ambulates with an antalgic gait per 9/9/15 report. The patient is s/p anterior cervical discectomy and fusion at C5-6 per 2/26/15 report. The patient also has a history of alcohol and substance abuse, but is currently MMI from a psychiatric point of view as of 6/18/15 report. The patient is currently permanently and totally disabled having lost 100% of his future earning capacity as of 6/18/15 report. MTUS Guidelines, Home Service Section, page 51, states, "Recommended only for otherwise recommended medical treatments for patients who are home bound 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, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." Per AME dated 3/18/15, the patient had a head-first fall from a 12-foot ladder in March 2012, and has not returned to work in any capacity since. The patient was diagnosed with spinal cord injury with quadriplegia. The patient had a foot infection with a partial amputation sometime between 3/2/15 and 9/1/15 reports, and the treater is requesting home health for patient's intravenous antibiotics and nursing care at his current living situation at an assisted living facility 9/1/15 report. In this case, there is no documentation as to why the patient is unable to perform self-care and it does not appear the patient is home bound. Although the patient has had a recent foot infection with partial amputation, the patient is able to ambulate per physical exam on 9/9/15. Although the treater has stated that the patient requires nursing care due to patient's IV antibiotics following a foot infection, the requested home care 4 hours per day / 5 days per week for 6 months appears excessive. MTUS guidelines are clear that home health care is for medical treatment only and does not include homemaker services. Therefore, the request is not medically necessary.