

Case Number:	CM15-0197183		
Date Assigned:	10/16/2015	Date of Injury:	01/30/2012
Decision Date:	12/01/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/07/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 61 year old female who sustained an industrial injury on 01-30-2012. The medical records indicate the injured worker is being treated for d lumbar radiculopathy, spinal stenosis in cervical region, chronic pain syndrome, posttraumatic stress disorder, carpal tunnel syndrome, knee pain, cervical radiculopathy, and depressive disorder, osteoarthritis of knee and low back pain, cervical and left knee. She continued to report symptoms of the upper and lower extremities as well as back pain. She had chronic pain in the low back and right lower extremity and neck pain and right upper extremity numbness, tingling, weakness and dysfunction. She had been approved for physical therapy sessions for the neck and lower back, but she was referred to the wrong facility and therefore had not started. These sessions had expired. She reported significant difficulty with her activities of daily living (ADLs) since living alone. The injured worker reported "significant" difficulty with ADL's. She now lives alone and does not have any social or familial support for basic assistance with daily tasks. The provider recommended a home health referral for ADL assistance. Diagnoses included thoracic or lumbosacral neuritis or radiculitis unspecified, cervical root lesion not elsewhere classified, chronic pain syndrome and pain in joint lower leg. On 09-21-2015, Utilization Review non-certified the request for home health evaluation and ADL assistance 4 hours a day 5 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 evaluation and ADL assistance 4 hours a day 5 days a 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 Official Disability Guidelines (ODG) Pain (Chronic) Home health services.

Decision rationale: The injured worker sustained a work related injury on 01-30-2012. The medical records indicate the injured worker is being treated for a lumbar radiculopathy, spinal stenosis in cervical region, chronic pain syndrome, posttraumatic stress disorder, carpal tunnel syndrome, knee pain, cervical radiculopathy, and depressive disorder, osteoarthritis of knee and low back pain, cervical and left knee. Treatments have included the medical records provided for review does not indicate a medical necessity for Home health evaluation and ADL assistance 4 hours a day 5 days a week, 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 Official Disability Guidelines recommends home health services on a short-term basis following major surgical procedures or in-patient hospitalization, to prevent hospitalization, or to provide longer-term in-home medical care and domestic care services for those whose condition is such that they would otherwise require inpatient care. This guideline defines home bound as, the individual has trouble leaving the home without help (e.g., using a cane, wheelchair, walker, or crutches; special transportation; or help from another person) because of the occupational illness or injury OR Leaving the home isn't recommended because of the occupational illness or injury AND The individual is normally unable to leave home and leaving home is a major effort. The medical records reviewed did not provide enough information on whether the injured worker is unable use cane, wheelchair, walker, or crutches; special transportation; and what prevents her from getting help from her family (the medical records indicate she has 4 grown up children), therefore is not medically necessary.