

Case Number:	CM15-0204766		
Date Assigned:	10/21/2015	Date of Injury:	12/31/2006
Decision Date:	12/03/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/19/2015

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:

The injured worker is a 51 year old male, who sustained an industrial injury on 12-31-2006. The injured worker is currently "totally disabled, unable to even perform activities of daily living". Medical records indicated that the injured worker is undergoing treatment for degenerative disc disease of the cervical spine with radiculopathy, upper extremity neuropathy, cervical spine myofasciitis, lumbar disc disease, lumbar radiculopathy, sacroiliitis, shoulder impingement status post surgery, and knee pathology. Treatment and diagnostics to date has included lumbar spine MRI and medications. MRI showed 3 mm disc protrusion at L4-S1 without significant canal stenosis. Recent medications have included Exalgo, Dilaudid, and Senna. Subjective data (04-27-2015 and 09-14-2015), included chronic pain. Objective findings (09-14-2015) included "increased" radicular signs, positive straight leg raise test bilaterally, and antalgic gait, ambulating with a cane, some weakness at ankle plantar flexion. The request for authorization dated 09-14-2015 requested home health care 7 days a week 4 hours a day. The Utilization Review with a decision date of 10-02-2015 non-certified the request for home health care 7 days a week, 4 hours a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Care 7 Days/ week, 4 hours/Day: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Home health services.

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

Decision rationale: MTUS and Medicare guidelines support home health for patients who are homebound requiring intermittent skilled nursing care or home therapy and do not include homemaker services such as cleaning, laundry, and personal care. The patient does not meet any of the criteria to support this treatment request and medical necessity has not been established. Submitted reports have not adequately addressed the indication or demonstrated the necessity for home health. The patient does not appear homebound as the patient attends office visits independently without person assist, ambulating with cane. There is no specific deficient performance issue evident as it is reported the patient has no specific documented deficiency with the activities of daily living. It is unclear if there is any issue with family support. Reports have unchanged chronic symptoms without clear progressive neurological deficits identified for home therapy. Submitted reports have not demonstrated support per guidelines criteria for treatment request. The Home Health Care 7 Days/ week, 4 hours/Day is not medically necessary.