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| Case Number: | CM15-0207614 | | |
| Date Assigned: | 10/26/2015 | Date of Injury: | 09/01/2012 |
| Decision Date: | 12/07/2015 | UR Denial Date: | 10/02/2015 |
| Priority: | Standard | Application Received: | 10/22/2015 |

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: North Carolina

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:

The injured worker is a 74 year old female who sustained an industrial injury on 9-1-12. The medical records indicate that the injured worker has been treated for rotator cuff tear right shoulder; cervical and lumbar spine radiculitis; internal derangement of the knee. She currently (9-23-15) complains of constant pain in the lumbar spine radiating to bilateral legs with a pain level of 7-8 out of 10; right shoulder pain radiating to the arm with a pain level of 5-6 out of 10; right knee pain with cracking, giving way and a pain level of 8-9 out of 10. The ranges of motion of the lumbar spine, right shoulder and knee are decreased. She uses a walker and knee brace. Her symptoms have been unchanged from 1-21-5 through 9-23-15. Diagnostics include MRI of the lumbar spine (4-15-13) showing disc bulge causing impingement on exiting nerve roots, grade 1 anterolisthesis; MRI of the lumbar spine (8-19-14) showing disc protrusions, disc bulging; MRI of the right knee (4-15-13) showing moderate high grade sprain, meniscal tears, moderate to large joint effusion, grade 11 chondromalacia of the patellofemoral joint and medial and lateral joint compartments; MRI of the right shoulder (9-20-12) showed tears of supraspinatus tendon, infraspinatus tendon, degenerative changes. Treatments to date include physical therapy to the left ankle and foot; medications if any, were not present. The request for authorization dated 9-23-15 was for home health aide. On 10-2-15 Utilization Review non-certified the request for home health aide for 5 hours a day, 7 days a 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 5 hours a day, 7 days a week for 2 months: Upheld

Claims Administrator guideline: Decision based on MTUS 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: The California MTUS section on home health states: 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. (CMS, 2004)The provided documentation for review does not indicate the patient is home bound either permanently or on an intermittent basis. There is also no specification in what activities would be assisted as home maker services are not recommended. Therefore the request is not medically necessary.