

Case Number:	CM15-0028096		
Date Assigned:	02/20/2015	Date of Injury:	11/27/1986
Decision Date:	04/08/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/13/2015

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, Hawaii
 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 59 year old female, who sustained an industrial injury on November 27, 1986. She fell from a ladder and landed on concrete below suffering a head laceration. The diagnoses have included lumbago and chronic pain syndrome. Treatment to date has included diagnostic studies, surgery, brace and medications. Currently, the injured worker complains of severe, sharp shooting pain radiating from her back into both lower extremities. This interferes with her ability to stand, walk or do any activities for herself for more than a few minutes at a time. She is unable to use regular public transportation, unable to drive and unable to walk on her own. She was also noted to experience frequent falls. On January 28, 2015, Utilization Review non-certified custodial nurse home care and transportation to run errands 12 hours a day for 3 months, noting non-MTUS Guidelines. On February 13, 2015, the injured worker submitted an application for Independent Medical Review for review of custodial nurse home care and transportation to run errands 12 hours a day for 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custodial nurse home care and transportation to run errands, 12 hours a day for 3 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Occupational Medicine Practice Guidelines, Evaluation and Management of Common Health Problems and Functional Recovery in Workers, Chapter 15, Stress Related Conditions, page 402.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: The Patient presents with weakness in her legs, pain in her shoulders and feet. The current request is for Custodial nurse home care and transportation to run errands, 12 hours a day for 3 months. The treating physician states, "Patient has para-spinal spasms in the lower lumbar spine. Decreased sensation is again noted in the lower extremities." (C.13) The current request is listed under the impaired mobility and ADL's section of the report's Assessment section, however no further discussion was included. The MTUS guidelines state "Home health services: 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 guidelines are clear that Home Health Services are for medical treatment only and not for homemaker services or activities of daily living. In this case, the current request is for home care and transportation 84 hours per week, which is outside the MTUS guidelines. The treating physician has not prescribed any medical treatment care to be performed at home that requires assistance from a care-giver. There is lack of description of the patient's social and functional status at home. There is no home evaluation by a visiting nurse to determine the patient's medical needs at home. The current request is not medically necessary and the recommendation is for denial.