MAXIMUS Federal Services

Case Number:	CM15-0030880		
Date Assigned:	02/24/2015	Date of Injury:	12/06/2001
Decision Date:	04/08/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/18/2015

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, California
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 49 year old female who sustained a work related injury December 6, 2001. According to physician's notes, dated November 20, 2014, the injured worker presented for follow-up. Past medical history included C5-6 single level disc replacement and disc replacement C4-5 and C5-6 in Germany in 2012, L5-S1 annular tear, no nerve compression, thoracic degenerative disc disease and arthroscopy chondromalacia patella (not specified). Current medications include Ambien, Benadryl, magnesium, Oxycodone, psyllium, senna and Tegretol. Her pain is primarily neuropathic, according to the treating physician, due to a delayed surgery for cervical cord compression followed by two level disc replacement, annular tear L5-S1, and nerve damage lower extremities documented on nerve conduction studies (report not present in medical record). There is weakness in the lower extremities, abnormal MRI's (reports not present in medical records) lumbar and cervical, positive straight leg raise and radiculopathy versus neurodegenerative process in the lower extremities. A urine drug screen was performed, Oxycodone prescribed and the injured worker would like a referral to a neurosurgeon for possible intervention of her neck and lower back. The treating physician documents a message January 15, 2015, that the injured worker insists on a home health evaluation to assist with chores in the home. While the physician does not believe this to be a covered service, she made a request for authorization dated January 22, 2015, with the diagnoses cervical radiculopathy and lumbar disc annular tear. The patient sustained the injury when she was changing an auger drill ring. Per the doctor's note dated 11/20/14 patient had complaints of numbness, tingling and weakness in UE and LE, fecal incontinence, taking 8 Oxycodone per day, no bladder control.

Physical examination revealed normal gait, limited range of motion of neck and back, 4/5 strength, negative Hoffman and Babinski sign and positive SLR and decreased sensation in LE. She has had MRI of the cervical spine on 09/30/2014 and EMG of LE on 7/30/14 that revealed abnormalities of the peroneal nerve and MRI of the low back revealed tear of L5-S1. Other therapy done for this injury was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Nurse Evaluation for Housekeeping and Other Assistance: Upheld

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

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

Decision rationale: Home Health Nurse Evaluation for Housekeeping and Other Assistance. Per the CA MTUS guidelines cited below, regarding home health services, 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. Any documented evidence that he is totally homebound or bedridden is not specified in the records provided. Any medical need for home health service like administration of IV fluids or medications or dressing changes is not specified in the records provided. Homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not considered medical treatment. The presence or absence of any family members for administering that kind of supportive care is not specified in the records provided. The details of PT or other types of therapy done since the date of injury were not specified in the records provided The records submitted contain no accompanying current PT evaluation for this patient. Detailed response to previous conservative therapy was not specified in the records provided. Previous conservative therapy notes were not specified in the records provided. The medical necessity of the request for Home Health Nurse Evaluation for Housekeeping and Other Assistance is not fully established in this patient.