

Case Number:	CM15-0036519		
Date Assigned:	03/05/2015	Date of Injury:	11/01/2001
Decision Date:	04/23/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	02/27/2015

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: Florida

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 62-year-old female, who sustained an industrial injury on November 1, 2001. The diagnoses have included lumbar post-laminectomy syndrome, cervical post-laminectomy syndrome, lumbosacral neuritis, severe scoliosis, low back pain, kyphoscoliosis, degeneration of lumbar intervertebral disc, back muscle spasm, spinal stenosis of lumbar region, hip pain, radicular pain, and long-term drug therapy. Treatment to date has included T11-L4 fusion, physical therapy, home care, intrathecal infusion pump, and medications. Currently, the injured worker complains of lower back, buttock, and bilateral leg pain. The Treating Provider's report dated January 28, 2015, noted the injured worker with a normal gait, no limp, walking with a walker, extremely deconditioned and weak. Bilateral greater trochanters were noted to be tender to palpation, with the right side exquisitely tender. Tenderness was noted to the bilateral trapezius and levator scapulae, the lower paravertebral thoracic muscles, and the lower lumbar facet joints. The injured worker was noted to have had several falls at home. On February 20, 2015, Utilization Review non-certified home health services 8 hours a day for 7 days a week, noting the injured worker had no required skilled nursing services and was not documented to be homebound. The MTUS Chronic Pain Medical Treatment Guidelines was cited. On February 27, 2015, the injured worker submitted an application for IMR for review of certified home health services 8 hours a day for 7 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 services, 8 hours per day x 7 days a week: 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 85 Page(s): 85. Decision based on Non-MTUS Citation Custodial Care: Patient Selection criteria (4/2015) Medicare Benefits Manual Chapter 7 ? Home Health Services section.

Decision rationale: MTUS, ACOEM, and ODG guidelines do not fully address home health care service requests. Therefore, other guidelines were referenced. Custodial Care: Patient Selection criteria (4/2015) Medicare Benefits Manual Chapter 7: Home Health Services section. Patient selection criteria: 1) the individual is confined to the home; in general, the condition of these individuals should be such that there exists a normal inability to leave home and, consequently, leaving home would require considerable taxing effort. 2) The service must be prescribed by the attending physician as part of a written plan of care. 3) Receiving services under a plan of care established and periodically reviewed by a physician. 4) Be in need of skilled nursing care on an intermittent basis or physical therapy or speech-language pathology, or have a continuing need for occupational therapy. MTUS guidelines does also 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. (CMS, 2004)" Regarding this patient's case, the documentation makes it clear that at this time no skilled nursing services are currently necessary. This patient also has caregivers who are assisting her with such tasks as cleaning, laundry, and shopping. The patient is able to walk with the assistance of a walker to her own front door. She bathes independently. Patient selection criteria for home health services have not been satisfied. This request is not considered medically necessary.