

Case Number:	CM15-0037867		
Date Assigned:	04/08/2015	Date of Injury:	11/24/1997
Decision Date:	05/04/2015	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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 female who sustained an industrial injury on 11/24/97 due to repetitive trauma resulting in complaints of the lumbar spine, right knee, bilateral hips and feet. She had lumbar surgery in 2013 and developed arachnoiditis. She sustained a fall in 2014 resulting in a concussion. She currently complains of pain in the left foot greater than right with constant sharp pain with weight bearing and throbbing pain when not weight bearing. In addition, she has memory and concentration problems, occasional headaches, cervical spine pain, intermittent pain of the left upper limb, constant low back, mid-back and buttocks pain, bilateral lower limb numbness and tingling. Her activities of daily living are limited. She has sleep difficulties Medications are gabapentin, Soma, Lyrica, Ambien and diazepam. Diagnoses are neuroma; neuritis; musculoskeletal injuries of the lumbar spine, right knee, bilateral hips and feet; status post-surgery of the lumbar spine (2013); right knee complaints; cerebral concussion; posttraumatic head syndrome; sleep disturbances. Diagnostics include computed tomography myelogram of the lumbar spine; limited electromyography/ nerve conduction study of the bilateral upper extremities (1/5/15) normal; MRI of the lumbar spine (9/19/12); electrodiagnostic report left lower extremity (10/24/12). In the progress note dated 2/5/15 the treating provider's plan of care includes home health assistance with activities of daily living for five days a week for four hours a day. Due to a new finding of a debilitating condition in her back, she needs to defer treatment of her painful feet.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Home Health for Assistance with ADL's 5x a week, 4 hours per day: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefits Manual (Rev. 144, 05-06-11), Chapter 7 - Home Health Services; section 50.2 (Home Health Aide Services).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, home health services.

Decision rationale: According to MTUS and ODG Home Health Services section, "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." Given the medical records provided, employee does not appear to be "homebound." The treating physician does not detail what specific home services the patient should have. Additionally, documentation provided does not support the use of home health services as "medical treatment", as defined in MTUS. As such, the request for Home Health for Assistance with ADL's 5x a week, 4 hours per day is not medically necessary.