

Case Number:	CM15-0040448		
Date Assigned:	03/10/2015	Date of Injury:	11/26/2003
Decision Date:	04/20/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	03/03/2015

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

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:

This 73-year-old male sustained an industrial injury to the left shoulder, back and neck on 11/26/03. Previous treatment included magnetic resonance imaging scans, multiple lumbar fusions with revisions, cervical spine fusion, trigger point injections, psychotherapy, spinal cord stimulator, physical therapy, pain management consultations and medications. In an orthopedic reevaluation dated 1/13/15, the injured worker complained of ongoing pain to the cervical spine and lumbar spine with radiation to bilateral upper extremities and lower extremities as well as left shoulder pain. The injured worker also complained of anxiety, depression, stress and difficulty sleeping. Current diagnoses included status post cervical spine surgery with residual symptoms, left shoulder sprain/strain, thoracic spine sprain/strain, status post multiple lumbar spine surgeries with fusions, bilateral lower extremity radiculopathy, failed back syndrome and psychological sequelae secondary to industrial injury. The physician noted that the injured worker was having extreme difficulty ambulating and taking care of himself. At this point, the injured worker had no one helping him. The physician recommended home health care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Care Evaluation 2 days, 4 hours a day: 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: Per the 01/13/15 report, the patient presents with ongoing pain to the cervical spine and lumbar spine with radiation to bilateral upper extremities and lower extremities as well as left shoulder pain. The patient also complains of anxiety, depression, stress and difficulty sleeping. He is s/p cervical spine surgery and s/p multiple lumbar surgeries. The current request is for HOME CARE EVALUATION 2 DAYS, 4 HOURS A DAY per the 01/28/15 RFA. The patient is not working. MTUS and ODG guidelines do not discuss Home health services "evaluation". MTUS Guidelines page 51 has the following regarding home service, "Recommended only for otherwise recommended medical treatments for patients who are home-bound on a part-time or intermittent basis, generally up to no more than 35 hours per week. Medical treatment does not include home maker 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 treating physician states, "the patient is having extreme difficulty ambulating and taking care of himself. At this point in time he has no one helping him. He needs home healthcare." This report further states this request is for an evaluation to determine how much and what type of help he needs to take care of himself. In this case, Home health services do not extend to homemaker services and personal care per the MTUS guidelines. The treating physician does not detail the otherwise recommended medical treatments for this patient, and it is unclear how the evaluation would determine these otherwise recommended treatments. The report provided no evidence of specific neurologic deficits that compromise the patient's ability to use arms and legs. In this case, the request IS NOT medically necessary.