

Case Number:	CM15-0044049		
Date Assigned:	03/13/2015	Date of Injury:	04/23/2007
Decision Date:	04/22/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/09/2015

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:

Diagnoses include status post right inguinal hernia repair, right carpal tunnel surgery, knee and shoulder pain, chronic pain syndrome, major depressive disorder with histrionic/dramatic traits, and poor intellectual functions. Treatment to date has included medications, physical therapy, and non-skilled home care assistance. A physician progress note dated 02/16/2014 documents the injured worker needs assistance with activities of daily living. She ambulates with a walker and needs transportation to medical visits because she does not drive and cannot take public transportation. Home health services documents the injured worker showers and intermittently needs some assistance with dressing, and other activities of daily living. Treatment requested is for Retrospective (start date: 7/25/2014): Home health services 6 hours daily, 7 days a week. Per the doctor's note dated 6/4/14 patient had complaints of left knee pain. Physical examination revealed wheeled walker depended gait, tenderness on palpation in left knee and limited range of motion of the lumbar region. Physical examination of the cervical spine on 7/25/14 revealed tenderness on palpation, negative Spurling sign and 5/5 strength, decreased sensation in right UE. Physical examination of the lumbar spine on 7/25/14 revealed tenderness on palpation, negative SLR, 5/5 strength and decreased sensation in left LE. The medication list includes Ultram, Prilosec, Lidoderm patch and Metformin. She has had MRI of the lumbar spine in 2011 that revealed lumbar spine disc herniation; and degenerative disc disease, disc protrusion and foraminal narrowing and neuroforaminal cyst. The patient has used a brace for this injury. The patient sustained the injury when she was handling a heavy box. Patient has received an unspecified number of PT and aquatic therapy visits for this injury. The patient has had MRI of

the cervical, lumbar and thoracic spine and EMG of the UE and LE. The patient had received ESI for this injury. The patient has had endoscopy that revealed ulcer. The patient has received an unspecified number of the home health visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (start date: 7/25/2014): Home health services 6 hours daily, 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(s): 51.

Decision rationale: Request: Retrospective (start date: 7/25/2014): Home health services 6 hours daily, 7 days a week. 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 services 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. Patient has received an unspecified number of PT visits for this injury. 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 patient has received an unspecified number of the home health visits for this injury. Response to these therapies and previous therapy notes are not specified in the records provided. The medical necessity of the request for Retrospective (start date: 7/25/2014): Home health services 6 hours daily, 7 days a week is not medically necessary.