

Case Number:	CM15-0058230		
Date Assigned:	04/03/2015	Date of Injury:	10/27/2003
Decision Date:	05/01/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/26/2015

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: Emergency 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 60-year-old female injured worker suffered an industrial injury on 10/27/2003. The diagnoses included lumbosacral degenerative disc disease with radiculopathy, lumbar compression fracture and bilateral knee chondromalacia. The injured worker had been treated with medications and home exercise program. On 10/9/2014, the treating provider reported continued pain and discomfort in the lower back and lower extremities. She is utilizing a walker and had discomfort with the straight leg raise and the anterior knees. The treatment plan included Home Health Services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Services, 3 times per week (no duration specified), Low Back and Knees:

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: The requested Home Health Services, 3 times per week (no duration specified), Low Back and Knees, is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 51, Home health services, note that home health services are "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." The injured worker has continued pain and discomfort in the lower back and lower extremities. She is utilizing a walker and had discomfort with the straight leg raise and the anterior knees. The treating physician has not documented what specific home health services are being requested nor their medical necessity. The criteria noted above not having been met, Home Health Services, 3 times per week (no duration specified), Low Back and Knees are not medically necessary.