

Case Number:	CM15-0080718		
Date Assigned:	05/01/2015	Date of Injury:	02/14/2003
Decision Date:	06/01/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	04/27/2015

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: North Carolina
 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 57 year old female who sustained an industrial injury on 02/14/2013. Current diagnoses include pain disorder with both psychological factors and an orthopedic condition, extremity pain, sacroiliac pain right, shoulder pain, spinal/lumbar degenerative disc disease, low back pain, spasm of muscle, and radiculopathy. Previous treatments included medication management, skilled nursing facility, home health aide, and epidural steroid injections. Previous diagnostic studies include an MRI of the left knee, and CT of the lumbar spine. Report dated 03/23/2015 noted that the injured worker presented with complaints that included lower back ache and bilateral lower extremity pain. Pain level was 5 out of 10 on the visual analog scale (VAS) with medications. Physical examination was positive for abnormal findings. The treatment plan included requests for caudal injections, wheelchair, home health aide, pain management psychologist, discussion of opioid management and urine tox screen findings, and multiple prescriptions. The physician noted that the injured worker is not able to care for herself independently, she requires help with dressing, cooking, cleaning, and medication dispensing. It was further noted that she had already received 6 sessions and requires ongoing help. Disputed treatments include additional 12 home health aide visits 3 times a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 12 Home Health Aide Visits, 3 times a week for 4 weeks: 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 Page(s): 51.

Decision rationale: The California chronic pain medical treatment guideline on home health services states: Home health services recommended only for otherwise recommended medical treatment 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 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) Home health services are recommended for patients who are home bound. It is not intended for homemaker services. Therefore the request is not medically necessary.