

Case Number:	CM15-0083341		
Date Assigned:	05/05/2015	Date of Injury:	08/01/2000
Decision Date:	06/04/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	04/30/2015

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: 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 67-year-old male, who sustained an industrial injury on August 1, 2000, incurring low back and left hip injuries due to repetitive lifting and heavy work in construction. He was diagnosed with lumbar disc disease, lumbar spondylosis, and sciatica. The injured worker had a history of Parkinsonism disease. Treatment included chiropractic sessions, physical therapy, pain medications, right hip surgery, lumbar laminectomies and fusion, pain management and placement of spinal cord stimulator. Currently, the injured worker complained of persistent lumbar pain with radiation down into the toes, leg weakness and right hip pain with increased pain upon prolonged sitting, standing, or walking. The treatment plan that was requested for authorization included a home health aide for 4 hours a day for 3 days a week.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Home Health Aide for 4 hours a day for 3 days a week: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic) Home Health Service (2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the requirements for eligibility for home health services. These guidelines state the following: Home health services are 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. Based on my review of the available medical records, there is no evidence to indicate that this patient is home bound either on a part-time or intermittent basis. For this reason, there is no medical indication to support the need for a home health aide for 4 hours a day for 3 days a week. Therefore, this request is not medically necessary.