

Case Number:	CM15-0087500		
Date Assigned:	05/11/2015	Date of Injury:	10/01/1993
Decision Date:	06/11/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/06/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 injured worker is a 61 year old male, who sustained an industrial injury on 10/1/93. The injured worker has complaints of progressive weakness in his legs and difficulty standing and walking. The physical examination noted that the injured worker has difficulty standing up and has bilateral foot drops and atrophy to his legs. The diagnoses have included radiculopathy; severe cauda equine syndrome; partial cord injury and lumbar stenosis at L3-4. Treatment to date has included a myelogram done of the thoracic and lumbar spine in 2013 that showed evidence of a T11-12 kyphosis disk protrusion, there was thinning of the cord at this level that is quite severe, a disk protrusion at L3-4 above the level of the laminectomy at L4-5 and L5-S1 (sacroiliac) that causes severe stenosis and home care assistance. The request was for continuation of home care assistance six hours per day x 5 days per week for 5 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continuation of home care assistance 6hrs per day x 5 days per week for 5 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 51.

Decision rationale: This injured worker has chronic pain with bilateral foot drop. The records document difficulty with transfers and ADLs due to pain and the request is for home health assistance services at 6 hours per day for 7 days per week. 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 request is for 30 hours per week which is beyond the recommended amount and for caregiver tasks. Additionally, the records do not substantiate that the worker is homebound. The records do not support the medical necessity for home health assistance services.