

Case Number:	CM15-0237536		
Date Assigned:	12/14/2015	Date of Injury:	04/26/2013
Decision Date:	01/21/2016	UR Denial Date:	12/04/2015
Priority:	Standard	Application Received:	12/04/2015

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, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of April 26, 2015. In a Utilization Review report dated December 4, 2015, the claims administrator failed to approve a request for home health care at a rate of 4 hours a day and 5 days a week. The claims administrator referenced an October 19, 2015 date of service in its determination. The applicant's attorney subsequently appealed. On an RFA form dated November 26, 2015, home health services at a rate of 20 hours a week were sought. On an October 19, 2015 office visit, the applicant reported multifocal complaints of neck, low back, and shoulder pain. The attending provider contended that the applicant was unable to perform household chores such as making beds or lifting trash cans. A rather proscriptive 5-pound lifting limitation was endorsed. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care 4 hours per day times 5 days (hours) qty 20.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

Decision rationale: No, the request for home health care at a rate of 4 hours a day and 5 days a week for a total of 20 hours a week was not medically necessary, medically appropriate, or indicated here. As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, home health services are recommended only to deliver otherwise recommended medical treatment to applicants who are homebound. Home health services do not include homemaker services such as cooking, cleaning, and/or housekeeping when this is the only service sought, page 51 of the MTUS Chronic Pain Medical Treatment Guidelines further notes. Here, the October 19, 2015 office visit made no mention of the applicant's being homebound. The services in question did in fact represent assistance with housekeeping, household chores, and the like, the attending provider acknowledged. Therefore, the request is not medically necessary.