

Case Number:	CM14-0160293		
Date Assigned:	10/06/2014	Date of Injury:	02/28/2002
Decision Date:	11/06/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/30/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 58-year-old female who reported an injury due to lifting some boxes on 02/28/2002. On 06/20/2014, her diagnoses included an acute flare-up of neuropathic pain, T11-12 disc herniation, history of lumbar degenerative disease status post L4-5 and L5-S1 fusion, history of pulmonary embolism, left greater trochanter bursitis, and status post implantation of intrathecal pump on 01/17/2013. Her complaints included increased neuropathic pain in the distal upper extremities as well as pain over the thoracic and lumbar spine radiating into her buttocks and lower extremities. She described burning, electrical and lancinating pain. She rated her pain at 9/10 to 10/10 with the use of medication. It was noted that with her medications she noted functional improvement and was able to continue with her activities of daily living including ambulation, light household chores, cooking, meal preparation, and grocery shopping. In addition to her medications, her treatment plan included a request for her to be provided with housekeeping and driving assistance. There was no rationale included in this worker's chart. A request for authorization dated 06/24/2014 was included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Assistance: Housekeeping and Driving Assistance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH SERVICES Page(s): 51.

Decision rationale: The request for home health assistance, housekeeping and driving assistance is not medically necessary. The California MTUS Guidelines recommend home health services only 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. There was no documentation of this injured worker being home bound. Her medications allowed her to do grocery shopping and household chores. The guidelines do not support this request. Therefore, the request for home health assistance, housekeeping, and driving assistance is not medically necessary.