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| Case Number: | CM14-0183493 | | |
| Date Assigned: | 11/10/2014 | Date of Injury: | 02/12/2003 |
| Decision Date: | 12/17/2014 | UR Denial Date: | 10/23/2014 |
| Priority: | Standard | Application Received: | 11/04/2014 |

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 & Rehabilitation and is licensed to practice in California. 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:

This is a 62-year-old male with a 2/12/03 date of injury, when he slipped on the stairs and injured his low back. The patient was seen on 8/21/14 with complaints of low back pain and bilateral lower extremity pain. Exam findings revealed guarded gait, tenderness to palpation over the lumbar paraspinals and positive SLR test in sitting and supine position bilaterally. The motor strength was 5/5 in bilateral lower extremities except 4/5 in the EHL and the neurologic sensory testing was normal in the L1-S1 nerve distributions bilaterally. The range of motion of the lumbar spine was: flexion 40 degrees, extension 20 degrees, lateral bending 20 degrees and limited rotation secondary to pain. The progress note stated that the patient would require some home care while his wife was at work during the daytime. The diagnosis is polymyositis and low back pain with lumbar radiculopathy. Treatment to date: work restrictions, PT, aquatic therapy, injections and medications. An adverse determination was received on 10/23/14 for a lack of documentation indicating that the patient was bedridden, home bound or non-ambulatory.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Aide While Wife is At Work: 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 HOME HEALTH SERVICES Page(s): 51.

Decision rationale: CA MTUS state that 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. However, there is a lack of documentation indicating that the patient was homebound, bed ridden or was not able to perform his ADLs without help. In addition, there is no rationale indicating what medical treatment was needed for the patient and the requested hours were not specified. Therefore, the request for Home Health Aide While Wife is At Work was not medically necessary.