

Case Number:	CM14-0184629		
Date Assigned:	11/12/2014	Date of Injury:	02/01/2011
Decision Date:	12/19/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/05/2014

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 Pain Management and Rehaabilitaion, has a subspecialty in Interventional Spine 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:

The patient is a 40 year old with an injury date on 2/1/11. Patient complains of significantly increased low lumbar pain, cervical pain, right knee pain, right ulna hand numbness, and bilateral foot pain. The neck pain is worsened with repetitive activity and when he keeps his head in flexed position. Based on the 7/21/14 progress report provided by the treating physician, the diagnoses are: 1. chronic bilateral foot pain 2. degenerative L2-L3 disc without stenosis 3. bilateral medial/lateral epicondylitis 4. bilateral forearm extensor tendon tendinitis 5. chronic bilateral wrist s/s 6. chronic cervical strain 7. 2-3mm central disc protrusion C5-6 without stenosis 8. chronic thoracic strain 9. 3mm left paracentral disc protrusion T7-8 with mild left cord impingement 10. ganglion left palm and long finger Exam on 9/24/14 showed "Raises from seated to standing slowly. Gait is normal. Able to walk on toes and heels without observed deficits. L-spine range of motion moderately diminished." Range of motion testing for C-spine, knee, hands, and feet were not included in reports. Patient's treatment history includes physical therapy for bilateral feet (plantar fasciitis), and physical therapy for the L-spine, home exercise program, medications. The treating physician is requesting Home Health Assistance 4 Hours Per Day, 7 Days Per Week. The utilization review determination being challenged is dated 10/15/14. The requesting physician provided treatment reports from 11/16/13 to 9/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Assistance 4 Hours Per Day, 7 Days Per Week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health service Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, section on home care

Decision rationale: This patient presents with lower back pain, neck pain, right knee pain, right hand pain, and bilateral foot pain. The provider has asked for Home Health Assistance 4 Hours Per Day, 7 Days Per Week on 9/24/14 because "his symptoms have become so severe that he is not able to sit or stand for prolonged periods of time and is unable to perform any bending or stooping and that even lifting light objects is now difficult." Regarding home health services, MTUS recommends 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. In this case, the patient has a worsening chronic pain condition with cervical/lumbar pain that limits movement. The request is for a 4 hours of home care 7 days a week. MTUS does not recommend home health care when personal care given by home health aides (i.e. bathing, dressing, using the bathroom) is the only type of care needed. The provider does not specify any other rationale for home health care, such as danger to self, or others, inability to transfer. The patient is ambulating normally. There are no neurologic condition that limits the patient's ability to perform self-care and ADLs. The request for Home Health Assistance 4 Hours Per Day, 7 Days Per Week is not medically necessary.