

Case Number:	CM14-0098468		
Date Assigned:	07/28/2014	Date of Injury:	10/06/2005
Decision Date:	10/02/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/26/2014

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 Preventive Medicine 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:

According to the records made available for review, this is a male with a 12/6/05 date of injury. At the time (5/12/14) of the request for authorization for Home Health Care Assistance 4 hrs/day, 4 day/wk x 8 wks, there is documentation of subjective (continued daily lower back pain and stiffness with limitations in his ability to bend and squat) and objective (mild tenderness to palpation and muscle guarding is present over the bilateral paraspinal musculature, tenderness to palpation is present over the left sacroiliac joint, decreased lumbar spine range of motion, slight diffuse swelling of the left knee, tenderness to palpation over the medial and lateral joint lines and peripatellar region, patellofemoral crepitus is present with passive motion, decreased sensation to pinprick is noted involving the L4, L5 and S1 dermatomes) findings, current diagnoses (lumbar musculoligamentous sprain/strain with bilateral lower extremity radiculitis; left knee sprain/strain with patellofemoral arthralgia; complaints of stress, anxiety, depression and sleep difficulties deferred to psychiatric consultant; and history of gastrointestinal upset secondary to medication use, further comment deferred to internal medicine consultant), and treatment to date (medication and physical therapy). There is no documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and the patient is homebound on a part-time or intermittent basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Care Assistance 4hrs/day, 4 day/wk x 8 wks.: 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: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and the patient is homebound on a part-time or intermittent basis, as criteria necessary to support the medical necessity of home health services. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of no more than 35 hours per week. Within the medical information available for review, there is documentation of diagnoses of lumbar musculoligamentous sprain/strain with bilateral lower extremity radiculitis; left knee sprain/strain with patellofemoral arthralgia; complaints of stress, anxiety, depression and sleep difficulties deferred to psychiatric consultant; and history of gastrointestinal upset secondary to medication use, further comment deferred to internal medicine consultant. However, there is no documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and the patient is homebound on a part-time or intermittent basis. Therefore, based on guidelines and a review of the evidence, the request for Home Health Care Assistance 4 hrs/day, 4 day/wk x 8 wks is not medically necessary.