

Case Number:	CM14-0211655		
Date Assigned:	12/24/2014	Date of Injury:	11/29/2013
Decision Date:	02/20/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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: North Carolina, New York, Missouri
 Certification(s)/Specialty: Internal Medicine, Nephrology

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 61-year-old male who has submitted a claim for status post lumbar surgery, headache secondary to trauma, cervical spondylosis, anxiety and depression associated with an industrial injury date of 11/29/2013. Medical records from 2014 were reviewed. The patient is status post lumbar spine surgery on 11/6/2014. He lives with his ex-wife however, he is not allowed to be left alone due to his recent major operation. He is complaining of constant headaches, neck pain, bilateral shoulder pain, intermittent low back pain and symptoms of depression, anxiety, stress and insomnia. Physical examination showed paraspinal muscle spasm and tenderness. There is limited motion of both shoulders. Treatment to date has included lumbar spine surgery on 11/6/2014, previous surgery for lumbar disc displacement physical therapy and medications. The utilization review from 11/25/2014 denied the request for home health aid 8 hours/day 5 times a week for 12 weeks because homemaker services and personal care services were not included as part of home health assistance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health aide 8 hours/day 5 times a week for 12 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services. Page(s): 51.

Decision rationale: As stated on page 51 of CA MTUS Chronic Pain Medical Treatment Guidelines, home health services are only recommended for otherwise recommended medical treatment for patients who are homebound, 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 is status post lumbar spine surgery on 11/6/2014. He lives with his ex-wife however, he is not allowed to be left alone due to his recent major operation. He is complaining of constant headaches, neck pain, bilateral shoulder pain, intermittent low back pain and symptoms of depression, anxiety, stress and insomnia. Physical examination showed paraspinal muscle spasm and tenderness. There is limited motion of both shoulders. However, there is no clear indication in the medical records provided that the patient has a need of professional nursing services for the purposes of home health. Moreover, the present request of 40 hours per week of home health services exceeds the guideline recommendation of not more than 35 hours per week. There is no discussion concerning need for variance from the guidelines. Therefore, the request for home health aide 8 hours/day 5 times a week for 12 weeks is not medically necessary.