

Case Number:	CM14-0213531		
Date Assigned:	12/31/2014	Date of Injury:	12/09/2008
Decision Date:	02/25/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/19/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 48 year old male with an injury date on 12/09/2008. Based on the 09/15/2014 progress report provided by the treating physician, the diagnoses are:1. Hypertensive heart disease.2. Left middle cerebral artery stroke.3. Mild renal insufficiency.4. Migraine headaches.According to this report, the patient complains of "altered speech and right-sided weakness" and "has hypertensive heart disease with LVH on both ECG and echo." The patient also complains of having a "bad back and has pain in the lower extremities." Physical exam indicates "no joint deformity is seen." Neurologic exam indicates "mild weakness of the right arm and leg; the other aspects of the neurologic examination are unremarkable."The patient has a history of "left middle cerebral artery stroke with right arm and right leg weakness with difficulty in speech at times,"and dysequilibrium. The treatment plan is request for in-home health assistance.The patient's work status were not mentioned in the reports provided. The utilization review denied the request for in-home health assistance on12/08/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 09/15/2014 to 12/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Care Lumbar, Bilateral Lower Extremities 4-6 Hours per Day/Indefinite: Upheld

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

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

Decision rationale: According to the 09/15/2014 report, this patient presents with a bad back with mild weakness of the right arm and leg. The current request is for home care lumbar, bilateral lower extremities 4-6 hours per day/indefinite. Regarding home health service, MTUS guidelines recommend medical treatment for patients who are home bound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. MTUS guidelines typically do not consider homemaking services such as shopping, cleaning, laundry, and personal care, medical treatments if these are the only services needed. In reviewing the medical reports provided, the patient's spouse indicates that the patient is "quite disabled. He cannot shop. He cannot drive. She has been taking care of him for several years. She wishes to explore the possibility with the insurance carrier of in-home care. She probably will need this care for 4-6 hours a day allowing her to take care of the children, shop, etc." However, there is not documentation as of why the patient is unable to perform self-care. The patient is not home bound. Without adequate diagnostic support for the needed self-care such as loss of function of a limb or mobility, the requested home health care would not be indicated. The MTUS guidelines are clear that home health services are for medical treatment only. There is no documentation found in the reports provided that the patient requires medical treatment at home. Therefore, the current request is not medically necessary.