

Case Number:	CM14-0213620		
Date Assigned:	12/31/2014	Date of Injury:	10/12/2005
Decision Date:	02/24/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/21/2014

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: Preventive Medicine, Occupational Medicine

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 65-year-old male who has submitted a claim for lumbar spine sprain and strain with degenerative disc disease, status post bilateral total knee replacement, major depressive disorder and peptic ulcer disease associated with an industrial injury date of October 12, 2005. Medical records from 2014 were reviewed. The patient reported difficulty with activities of daily living such as mopping, vacuuming, making the bed, cleaning the bathroom, sleeping, cooking, washing the dishes, laundry and grocery shopping. Physical examination of the lumbar spine showed limited motion, tenderness and positive bilateral straight leg raise test. Treatment to date has included rhizotomy of the lumbar spine at L3 to L4 and L4 to L5 levels, right total knee replacement on July 2008, left total knee replacement on October 2008, orthotics, medications, physical therapy and activity restrictions. The current request for axillary home assistance service is to be provided by the patient's wife. The utilization review from December 8, 2014 denied the request for home care two hours per day, 7 days a week for 6 weeks. Reasons for denial were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Care 2 hours/day, 7 days a week for 6 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 has undergone extensive treatment procedures: rhizotomy of the lumbar spine at L3 to L4 and L4 to L5 levels, right total knee replacement on July 2008, left total knee replacement on October 2008, orthotics, medications, physical therapy and activity restrictions. The patient reported difficulty with activities of daily living such as mopping, vacuuming, making the bed, cleaning the bathroom, sleeping, cooking, washing the dishes, laundry and grocery shopping. Physical examination of the lumbar spine showed limited motion, tenderness and positive bilateral straight leg raise test. The current request for axillary home assistance service is to be provided by the patient's wife. However, as recommended by the guidelines stated above, home health services should not include personal care and homemaker services. 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. Therefore, the request for home care two hours per day, 7 days a week for 6 weeks is not medically necessary.