

Case Number:	CM14-0218236		
Date Assigned:	01/07/2015	Date of Injury:	11/07/2005
Decision Date:	03/03/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/30/2014

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 44 year old female who suffered a work related injury on 01/07/05 when she was involved in a motor vehicle accident. She has undergone left and right total hip replacement, cervical fusion, and multiple lumbar ESI treatments. Per the physician notes from 12/05/14 she stands and walks with a flexed posture, with mid and lower lumbar tenderness with limitations in lumbar motion and is in a wheelchair. Diagnoses include spondylolisthesis and lumbar stenosis. The treatment plan includes a request for lumbar decompression and fusion surgery. Per the UR, the physician notes from 11/12/14 request a home health aide. Those records were not available for review in the submitted documentation. The home health aide was denied by the Claims Administrator on 12/09/14 and was subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Aide 4 Hours A Day QTY: 12: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic), Home health services

Decision rationale: The claimant has a remote history of a work injury occurring more than 10 years ago. She underwent a right hip replacement in 2013 and left hip replacement revision surgery in September 2014. She attends outpatient clinic appointments. The requesting provider does not document any particular inability to perform ADLs or to participate in care provided on an outpatient basis. Home health services are recommended only for necessary medical treatments for patients who are homebound and unable to perform treatments without assistance. In this case, the claimant has been able to participate in outpatient physical therapy treatments and the requesting provider documents a normal neurological examination. Therefore, the requested home health aide services were not medically necessary.