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| Case Number: | CM15-0006081 | | |
| Date Assigned: | 01/21/2015 | Date of Injury: | 07/30/2010 |
| Decision Date: | 03/11/2015 | UR Denial Date: | 12/17/2014 |
| Priority: | Standard | Application Received: | 01/12/2015 |

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: New York
Certification(s)/Specialty: Internal 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 injured worker is a 58 year old male, who sustained an industrial injury on 07/30/2010. The diagnoses have included status post anterior posterior fusion and decompression at L5-S1, status post multilevel anterior cervical fusion, status post left shoulder arthroscopy, right lower extremity radicular pain, left shoulder rotator cuff syndrome, sever spinal cord compression at C3-C4, status post adjacent level anterior cervical discectomy and fusion at C3-C4, and status post posterior cervical spine surgery on 09/24/2014. Treatments to date have included multiple surgeries, physical therapy, and medications. Diagnostics to date have included cervical spine x-rays taken on 11/21/2014, which the physician stated looked good and solid and cervical spine MRI on 08/14/2014 which revealed multilevel neural foraminal stenosis with mild to moderate narrowing at C7-T1 on the left and mild on the right. In a progress note dated 11/21/2014, the injured worker presented with complaints of postoperative neck, left shoulder, and low back pain, rating 7-9/10. The treating physician reported the injured worker is not attending physical therapy at this time. Utilization Review determination on 12/17/2014 non-certified the request for Home Health Aide 4 Hours a Day for 3 Days x 6 Weeks citing California Medical Treatment Utilization Schedule Chronic Pain Guidelines.

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 for 3 days x 6 weeks.: 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.

Decision rationale: The review of the medical documentation does not indicate that the patient is homebound. Per California MTUS home health services are recommended treatment for patients who are homebound on a part time or intermittent basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services such as 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. the requested service is not medically necessary.