

Case Number:	CM15-0103982		
Date Assigned:	06/08/2015	Date of Injury:	10/12/2001
Decision Date:	07/24/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/29/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 63-year-old male sustained an industrial injury to the low back on 10/12/01. In a supplemental report dated 11/6/13, the physician noted that the injured worker could not manipulate his wheelchair due to his chronic pain. The injured worker's wife was unable to manipulate the manual wheelchair due to the injured worker's obesity. In a PR-2 dated 2/3/15, the physician noted that the injured worker remained symptomatic with severe low back pain. The physician stated that the injured worker was essentially wheelchair and bed bound. The injured worker was 100% dependent upon his caregiver. The injured worker did not stand independently. Physical exam was remarkable for tenderness to palpation to the lower lumbar paraspinal musculature with globally intact lower extremity strength. The physician noted that the injured worker was morbidly obese. Current diagnoses included chronic pain syndrome, depression, psychological diagnosis, morbid obesity, headaches and internal medicine diagnosis. The treatment plan included an electric lift/platform for his van for his electric scooter, continued bed linens and Depends and home health assistance ten (10) hours a day seven (7) days a week, for six (6) weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient home health assistance ten (10) hours a day seven (7) days a week, for six (6) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines home health services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines home service Page(s): 51.

Decision rationale: The patient was injured on 10/12/01 and presents with severe low back pain. The request is for outpatient home health assistance ten hours a day seven days a week for six weeks. The RFA is dated 02/12/15 and the patient's recent work status is not provided. The 02/03/15 report states that the patient is "essentially wheelchair and bed bound. He is 100% dependent upon his caregiver. He does not stand independently. " MTUS Guidelines page 51 has the following regarding home service, "Recommended only for otherwise recommended medical treatments for patients who are home-bound or a part-time or intermittent basis, generally up to no more than 35 hours per week. Medical treatment does not include home maker services like shopping, cleaning, and laundry and personal care given by home health aids like bathing, dressing, and using the bathroom when this is the only care needed. "The patient is diagnosed with chronic pain /syndrome, depression, psychological diagnosis, morbid obesity, headaches, and internal medicine diagnosis. He is morbidly obese and has palpable tenderness in the lower lumbar paravertebral musculature. The treater indicates that the patient is homebound, unable to use the w/c requiring help and unable to stand on his own. The patient's chronic pain, depression and obesity appears to be reason for apparent low level of function. No organic diagnosis such as paralysis, stroke or loss of limb explain the deficits. The patient is not a threat to himself or others either. It would appear that some home health assistance may be reasonable but the request may be excessive. MTUS Guidelines recommend generally up to no more than 35 hours per week if such services are needed. However, the treater is requesting for a total of 70 hours of home health assistance a week. Therefore, the requested home health assistance is not medically necessary.