MAXIMUS Federal Services

Case Number:	CM15-0014401		
Date Assigned:	02/02/2015	Date of Injury:	06/16/1987
Decision Date:	03/24/2015	UR Denial Date:	01/10/2015
Priority:	Standard	Application Received:	01/26/2015

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 Jersey, Michigan, California
Certification(s)/Specialty: Neurology, Neuromuscular 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 57 year old male who sustained an industrial injury on 6/16/87. The injured worker reported symptoms in the back. The diagnoses included intractable exacerbation of lumbar pain, lumbar radiculopathy, history of multiple lumbar surgeries, chronic cervical pain with radiculopathy, history of cervical fusion, bilateral knee internal derangement with history of surgery on the right. Treatments to date include oral pain medications; duragesic patch, oral muscle relaxant and status post multiple lumbar surgical procedures. In a progress note dated 10/30/14 the treating provider reports the injured worker was with "significant low back pain" and "has difficulty with minimal movement". On 1/9/15 Utilization Review non-certified the request for 672 hours of home health care. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

672 hours of home health care: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medicare Benefits Manual (Rev.144, 05-06-11) Chapter 7 - Home Heal.

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

Decision rationale: According to MTUS guidelines, home care assistance is recommended only for otherwise recommended medical 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 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. (CMS, 2004)." The patient does not fulfill the requirements mentioned above.
There is no documentation that the patient recommended medical treatment requires home health aide. The patient is not homebound (the patient still manage to get to his office visits). Therefore the request for 672 hours of home health care is not medically necessary.