

Case Number:	CM15-0122368		
Date Assigned:	07/06/2015	Date of Injury:	04/04/2001
Decision Date:	07/31/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/24/2015

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:

The injured worker was a 64 year old female, who sustained an industrial injury, April 4, 2001. The injured worker previously received the following treatments aqua therapy, MS Contin, Dilaudid, Diclofenac and Tizanidine. The injured worker was diagnosed with back injury with chronic symptoms, intermittent cardiac rhythm, depression, post cervical laminectomy syndrome, post lumbar laminectomy syndrome, neurogenic claudication, and myofascial spasms. According to progress note of May 21, 2015, the injured worker's chief complaint was low back pain with right lower extremity pain. The physical exam noted tenderness with palpation of the lumbar spine on the left and right. There was tenderness with palpation in the sacroiliac joints on the left and right. There was tenderness of the piriformis muscle on the left and right with myofascial spasms. The treatment plan recommended against bed rest and included regular daily activity. The treatment plan included a request for home health services for showering, household chores and cleaning and food shopping.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) home health care to assist with ADL's: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefits Manual (Rev. 144, 05/06/2011), Chapter 7 - Home Health Services; section 50.2 (Home Health Aide Services).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 52.

Decision rationale: MTUS and Medicare guidelines support home health for patients who are homebound requiring intermittent skilled nursing care or home therapy and do not include homemaker services such as cleaning, laundry, and personal care. The patient does not meet any of the criteria to support this treatment request and medical necessity has not been established. Submitted reports have not adequately addressed the indication or demonstrated the necessity for home health. There is no documentation of whether the patient is homebound or what specific deficient performance is evident in activities of daily living as the patient is independent attends office visits with treatment plan recommended against bed rest and include regular activities. The One (1) home health care to assist with ADL's is not medically necessary and appropriate.