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| Case Number: | CM15-0128323 | | |
| Date Assigned: | 07/15/2015 | Date of Injury: | 05/30/2000 |
| Decision Date: | 08/11/2015 | UR Denial Date: | 06/29/2015 |
| Priority: | Standard | Application Received: | 07/03/2015 |

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: Preventive Medicine, Occupational 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:

This is a 72 year old female with a May 30, 2000 date of injury. A progress note dated June 15, 2015 documents subjective complaints (left sacroiliac joint pain rated at a level of 3-9/10; lower back pain radiating to the thighs, knees, lower legs and feet rated at a level of 3-9/10), objective findings (normal gait; no evidence of a limp; no evidence of weakness walking on the toes or the heels), and current diagnoses (pseudoarthrosis of the left sacroiliac joint; chronic intractable pain; bilateral sacroiliac joint dysfunction; L3-L4 stenosis; bilateral lower extremity radiculopathy; L1-L2 and L2-L3 adjacent segment degeneration with facet arthropathy). The progress note noted that the injured worker was two weeks status post sacroiliac joint fusion revision. Treatments to date have included right hip surgery, sacroiliac joint fusion, thoracolumbar spinal cord stimulator placement, lumbar spine surgery, use of a walker, medications, and pelvic x-ray (June 15, 2015; showed hardware in good position). The medical record indicates that the injured worker was currently unable to take care of household chores and required home health care during her recovery from the sacroiliac joint fusion revision. Physical therapy notes document that she live alone without family help and she has limited weight bearing left leg. The treating physician documented a plan of care that included a home health aide four hours each day, seven days a week for one month.

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/day, (days), 7 days a week for 1 month QTY: 30.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/Home Health Services.

Decision rationale: MTUS Guidelines only address this issue when skilled nursing services are necessary. ODG Guidelines address this issue when lower skill level is needed for daily functioning such as bath, heavy chores and food preparation. The Guidelines support home health aid level care when medically necessary. This level of care/assistance has been demonstrated as medically necessary in the physical therapists and physicians notes. The amount and length of care are medically reasonable. If home health aide care is extended beyond this request, the Guidelines support a formal Home Health Evaluation by a professional trained assess the medical needs and compliance with standards of care (Guidelines and Medicare). At this point in time the Home health aide 4 hours/day, (days), 7 days a week for 1 month QTY: 30.00 is consistent with Guidelines and is medically necessary.