

Case Number:	CM15-0172506		
Date Assigned:	09/14/2015	Date of Injury:	05/05/2003
Decision Date:	10/13/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	09/01/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 49 year old female who sustained an industrial injury on 05-05-2003. Diagnoses include lumbar discogenic disease, chronic lumbar spine pain, cervical facet arthrosis, cervical discogenic disease, chronic cervical spine sprain-strain, status post open decompressive surgery-right shoulder, bilateral knee internal derangement right greater than left, bilateral knee chronic sprain strain, dorsal spine sprain-strain. The most recent physician progress note dated 06-04-2015 documents the injured worker has complaints of continued pain and stiffness in her neck. She is in therapy and it is causing her pain. Her pain without medications is rated 9 out of 10 and with medications her pain is rated 7 out of 10. With her medications she is able to do light housework. Her lumbar spine examination reveals spasm, painful range of motion as well as limited range of motion. There is positive straight legs raise on the right to 70 degrees. She has spasms and decreased range of motion in the cervical spine. There is tenderness to palpation over the cervico trapezial ridge and there is facet tenderness. Her shoulders reveal bilateral impingement. She has painful and limited range of motion. Her right knee has a positive McMurray sign. Treatment to date has included diagnostic studies, medications, physical therapy, trigger point injections, and activity modifications. Current medications include Percocet, Flexeril, Anaprox, Prilosec and Lidoderm patch. A report of a Magnetic Resonance Imaging of the lumbar spine done on 06-14-2015 revealed multilevel degenerative disc disease, worst at L4-S1. At L4-5 there is bilateral foraminal stenosis due to a combination of bilateral facet hypertrophy and herniated disc. At L5-S1 there is bilateral foraminal stenosis due to disc herniation and facet hypertrophy with deformity of the exiting L5

nerve roots. At L3-4 there is left foraminal stenosis. At L5-S1 there is a Grade II spondylolisthesis with bilateral pars defects. Several documents within the submitted medical records are difficult to decipher. On 08-07- 2015 the Utilization Review non-certified the requested treatment Home health aide, forty visits (4x5x2).

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health aid, forty visits (4x5x2): Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

Decision rationale: The California chronic pain medical treatment guideline on home health services states: Home health services recommended only for otherwise recommended medical treatment for patients who are Home bound, 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) Home health services are recommended for patients who are home bound. However the amount of time requested exceeds recommendations and therefore the request is not medically necessary.