

Case Number:	CM15-0173827		
Date Assigned:	09/15/2015	Date of Injury:	12/29/2009
Decision Date:	10/22/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	09/03/2015

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: 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 is a 57 year old female who sustained an industrial injury on 12-29-2009. Diagnoses include status post lumbar fusion and laminotomy (2) L2-3 and L4-5, failed back surgery, and obturator neuropathy. A physician progress note dated 07-28-2015 refers to a home skilled nursing report dated 07-10-2015 and documents the injured worker ambulates with the help of her husband for short distances and pain becomes too much and she has to stop. She has severe decreased range of motion. She has numbness on and off in her lower extremities. A physician progress note dated 07-03-2015 documents the injured worker has complaints of severe low back pain, with radiation of pain into both lower extremities, left greater than right, and she can barely walk. She is depressed, crying, has insomnia. Minor's sign is positive. She ambulates with a forward antalgia with the use of a cane. She is tearful. Lumbar range of motion is decreased greater than 50% with radiation to the left lower extremity, with spasm. There is weakness in her bilateral lower extremities. There is decreased right L5 sensation and she wears a back brace. Treatment to date has included status post-surgery, medications, injections, and physical therapy. She is not working. A lumbar MRI done on 02-21-2015 reveals L5-S1 mild bilateral foraminal stenosis that no definite nerve root compression is seen. Current medications were not listed. Request for Authorization dated 07-28-2015 is for Home care aide with housekeeping for 8 hours 2 x week for 6 weeks, a walker, and wheelchair and tub bench. On 08-03-2015 Utilization Review non-certified the requested treatment Home Health Care Aid with housekeeping 8 hours per day 2 times a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Care Aid with housekeeping 8 hours per day 2 times a week for 6 weeks:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The current request is for HOME HEALTH CARE AID WITH HOUSEKEEPING 8 HOURS PER DAY 2 TIMES A WEEK FOR 6 WEEKS. The RFA is dated 07/28/15. Treatment to date has included lumbar surgery (08/20/2010), medications, injections, and physical therapy. The patient is not working. MTUS Guidelines, Home Service Section, page 51, states, "Recommended only for otherwise recommended medical treatments 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, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." Per report 07/28/15, the treater has reviewed the Nursing Assessment report and states "I agree with the report/assessment and require for auth for home care aide with housekeeping 8 hrs, 2x6 wks." The patient presents with persistent right leg pain, depression and anxiety. Examination revealed weakness in the bilateral legs, severely reduced ROM and spasms. Review of the Nursing Assessment done on 07/10/15, notes that the patient suffers from neuropathy and leg symptoms and has failed spinal surgery from 2010. Goal of home care is to have someone help with housekeeping and ADLs. MTUS guidelines are clear that home health care is for medical treatment only and does not include homemaker services or personal care when this is the only care needed. There is no documentation that this patient requires medical treatment from home. Therefore, the request IS NOT medically necessary.