

Case Number:	CM15-0175527		
Date Assigned:	09/16/2015	Date of Injury:	10/10/2002
Decision Date:	10/19/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/07/2015

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: 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 74-year-old female, who sustained an industrial injury on 10-10-2002. Medical records indicate the worker is undergoing treatment for cervicgia, multilevel cervical discogenic disease, lumbalgia, left ankle inter-articular pathology and lumbar 4-5 disc herniation. A recent progress report dated 7-30-2015, reported the injured worker complained of cervical spine pain and stiffness with movement, rated 4 out of 10, lumbar spine pain rated 6-7 out of 10, bilateral ankle pain rated 8 out of 10 and left shoulder pain rated 8 out of 10. Physical examination revealed gait, muscle strength and reflexes are all within normal limits. Cervical and lumbar spine and left trapezius-shoulder were tender to palpation. Treatment to date has included physical therapy, fitted walking boot, Norco and Omeprazole. Recent urine drug screen on 4-30-2015 was within normal limits for prescribed medications. On 7-30-2015, the Request for Authorization requested in home support services. On 8-11-2015, the Utilization Review noncertified in home support services.

IMR ISSUES, DECISIONS AND RATIONALES

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

In-home support services: 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 MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of home health services as an intervention. Home health services are 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. In this case, there is insufficient documentation in the medical records to indicate that the patient is homebound on a part-time or intermittent basis. The progress notes indicate that the patient is ambulatory with a cane. There is insufficient information provided as to the specific rationale behind the request for in-home support services and what services are being requested. In the Utilization Review process, the request for a home health evaluation was certified to help make this determination. At this time, in-home support services are not considered as medically necessary. The outcome of the home health evaluation will be helpful in making further determination on this issue.