

Case Number:	CM15-0175629		
Date Assigned:	09/17/2015	Date of Injury:	07/04/2015
Decision Date:	11/02/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/08/2015

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: Texas, New York, 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:

The applicant is a represented 45-year-old who has filed a claim for chronic neck, mid back, and low back pain with derivative complaints of headaches reportedly associated with an industrial injury of July 4, 2015. In a Utilization Review report dated August 12, 2015, the claims administrator failed to approve a request for home health care at a rate of 5 days a week for 3 weeks. The claims administrator referenced a July 28, 2015 office visit in its determination. The claims administrator seemingly acknowledged that the applicant had been involved in a relatively high speed motor vehicle accident of July 4, 2015. The claims administrator contended that the applicant's family members could furnish the applicant with needed assistance of activities of daily living. The applicant's attorney subsequently appealed. On July 28, 2015, the applicant reported multifocal complaints of neck pain, shoulder pain, arm pain, mid back pain, low back pain, knee pain, and ankle pain with derivative complaints of anxiety, depression, and insomnia. The applicant was experiencing nightmares, it was reported. The applicant was not working, it was acknowledged. The applicant sustained multiple fractures of the spine, it was reported. The applicant was on Motrin, Colace, and Valium, it was acknowledged. The applicant had been admitted for pain control purposes for 4 days, it was reported. The applicant was described as experiencing "pain out of proportion to physical findings". The applicant was using a walker to move about. The applicant declined to perform range of motion testing about the spine secondary to pain. The applicant was reportedly using a walker to move about. The applicant exhibited a visibly antalgic gait and was depressed, it was reported. The applicant was placed off of work, on total temporary disability. Genetic testing, urine drug testing, a neurology consultation, an autonomic nervous system testing, topical compounds, Prilosec, Norco, Flexeril, and physical therapy were endorsed while the applicant was kept off of work. The applicant was

described as having received medical treatment for fractured vertebra and was also described having sustained contusion of multiple body parts. The attending provider did not specifically state what service he intended for the home health aide to render but suggested that the home health aide was intended to facilitate performance of activities of household chores and the like.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Care 5 days a week for three 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: No, the request for a home health care at a rate of 5 days a week for 3 weeks was not medically necessary, medically appropriate, or indicated here. As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, home health services are recommended only to deliver otherwise recommended medical treatment for applicants who are home bound. Page 51 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that medical treatment does not include homemaker services such as shopping, cleaning, laundry, personal care, etc., i.e., the services seemingly being sought here. The attending provider failed to furnish a clear or compelling rationale for the services in the face of the position set forth on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that the services in question do not constitute medical treatment. Therefore, the request is not medically necessary.