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| Case Number: | CM15-0068378 | | |
| Date Assigned: | 04/16/2015 | Date of Injury: | 04/15/1996 |
| Decision Date: | 05/20/2015 | UR Denial Date: | 03/25/2015 |
| Priority: | Standard | Application Received: | 04/10/2015 |

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 78-year-old female, who sustained an industrial/work injury on 4/15/96. She reported initial complaints of back pain, bilateral leg pain and weakness. The injured worker was diagnosed as having late effect of cerebral vascular accident (CVA), scoliosis, along with atrial fibrillation, bradycardia /tachycardia syndrome, and moderate aortic, mitral insufficiency, and ascending aortic aneurysm. Treatment to date has included medication, diagnostics, physical therapy, brace, and surgery. CT Scan results were reported on 11/2014. X-Rays results were reported on 3/18/15 and 3/23/15. Currently, the injured worker complains of chronic left sided weakness, severe scoliosis with back pain and bilateral leg pain. Per the orthopedic report on 3/4/15, left sided weakness is the same, severe scoliosis to the right, and severe back pain. Pain was described as going across the midline of the back and going down the right lower buttock and down the right leg on the lateral side of the thigh and leg. The requested treatments include housekeeping 6 hours a week for 12 months starting 4/15/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Housekeeping 6 hours a week for 12 months starting 4/15/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines home services Page(s): 51.

Decision rationale: The patient was injured on 04/15/1996 and presents with back pain and right/left leg pain. The request is for housekeeping 6 hours a week for 12 months starting 04/15/2015. The RFA is dated 03/18/2015, the patient is not currently working, and the report with the request is not provided. MTUS Guidelines page 51 has the following regarding home services, "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 laundering, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." There is no discussion provided regarding this request. The 03/04/2015 report states that "the patient had a previous right-sided stroke which affected the left side of her body. Additionally, she has had heart failure and was hospitalized within the last few months." Given the patient's condition, it is quite possible that the patient is in need of some home health care. However, the request is for 12 months. MTUS require that the treating physician provide periodic monitoring and requesting 12 months of home health care appears excessive, lacking monitoring. The request is not medically necessary.