

Case Number:	CM15-0069684		
Date Assigned:	04/17/2015	Date of Injury:	11/09/2010
Decision Date:	05/18/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/13/2015

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, Pain Management

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 59 year old male, who sustained an industrial injury on November 9, 2010. Several documents included in the submitted medical records are difficult to decipher. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having a central cord injury, post-traumatic stress disorder, and panic disorder with agoraphobia. Diagnostics to date has included MRI, a CT, and a respiratory flow volume loop study. Treatment to date has included aquatic physical therapy, a manual wheelchair, a cane, a cervical collar, LiteGait machine, cognitive behavior therapy, a transcutaneous electrical nerve stimulation (TENS) unit, home health care, and pain, steroid, muscle relaxant, anti-epilepsy, antidepressant, anti-anxiety, and non-steroidal anti-inflammatory medications. On January 27, 2015, the treating physician noted the injured worker was stable on his regular medications as before and he needs refills now. There was no documentation of a physical exam. His pain and spasticity was stable. On February 11, 2015, the injured worker complains of generalized pain, which is worse in the back, shoulders, and legs. His pain is aggravated by small movements during the day and night. The physical exam revealed neck stiffness in all directions, inability to touch chin to chest, and all of the extremities were thin. The requested treatment is an increase in home health aid for 8 hours a day/7 days a week for 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Increase home health aid to 8 hours a day 7 days a week for 6 months - QTY 1344: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51 of 127.

Decision rationale: Regarding the request for Increase home health aid to 8 hours a day 7 days a week for 6 months QTY 1344, California MTUS states that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, and 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. Within the documentation available for review, it is clear the patient has Quattro Pro rhesus, requiring some assistance at home. It appears that the home health aide is providing assistance primarily with activities of daily living and household chores. It is unclear exactly what skilled need is required at the current time. Guidelines do not support the use of home health and less a skilled need is present. Additionally it is unclear what the patient is able to do on his own, or what his wife is able to assist with. These things would need to be clarified prior to recommending home health for a 6 month duration. Unfortunately, there is no provision to modify the current request. As such, the currently requested Increase home health aid to 8 hours a day 7 days a week for 6 months QTY 1344 is not medically necessary.