

Case Number:	CM15-0071632		
Date Assigned:	04/21/2015	Date of Injury:	05/25/2002
Decision Date:	05/20/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/14/2015

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: 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:

This 57-year-old female sustained an industrial injury to the neck, low back and bilateral knees on 5/25/02. Previous treatment included magnetic resonance imaging, lumbar decompression, right knee arthroscopy, bilateral carpal tunnel release, home exercise and medications. In a PR-2 dated 3/6/15, the injured worker complained of continued pain to the low back and bilateral knees rated 8/10 on the visual analog scale with activities of daily living. The injured worker reported difficulty in bending, stooping, walking and standing. The injured worker had decided to defer invasive treatment to future medical care. Physical exam was remarkable for lumbar spine with tenderness to palpation over the paraspinal musculature with positive straight leg raise and decreased sensation along the L5-S1 distribution. Current diagnoses included status post lumbar decompression surgery with failed back surgery syndrome, status post bilateral carpal tunnel release and De Quervain's release, status post right knee arthroscopy and left knee patellofemoral arthralgia. The treatment plan included checking the status of authorization for bilateral medial knee unloader brace, heel cups and permanently installed shower grab bars and requesting authorization for home care help for two hours per day, seven days per week for one year.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care 2 hours a day 7 days a week for 1 year: 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 Health Services Page(s): 51.

Decision rationale: Home health care is a wide range of supportive health care services given in the patient's home for an illness or injury, frequently given to patients recovering from recent surgery or hospitalization. This service means medical professionals providing short-term nursing, rehabilitative, therapeutic, and assistive health care. Examples of skilled home health services include wound care for pressure sores or a surgical wound, monitoring serious illness and unstable health status, or helping patient regain independence and become as self-sufficient as possible. The MTUS does recommend its use for homebound individuals but neither for routine personal care activities such as bathing, dressing or using the bathroom nor for homemaker activities such as shopping, cleaning or laundry. This patient's need does not meet the definition in the MTUS: She is in a weight bearing status, not homebound and only requires assistance care for her activities of daily living. Medical necessity for this service has not been established. Therefore, this request is not medically necessary.