

Case Number:	CM15-0072995		
Date Assigned:	05/11/2015	Date of Injury:	04/29/2010
Decision Date:	06/17/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/16/2015

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, North Carolina
 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 39 year old female with an industrial injury dated 04/29/2012. Diagnoses includes post laminectomy syndrome of lumbar region and thoracic or lumbosacral neuritis or radiculitis. Prior treatment included physical therapy, pain management, psychological visits, yoga, functional restoration program and medications. She presents on January 19, 2015 with complaints of pain in the right leg, right knee, low back and groin. She rates her pain 4/10 with medications, average pain 6/10 and worst pain 8/10. Activity assessment notes the injured worker uses a cane, and spends 75-100% resting or reclined during the day. Current medications include muscle relaxants, medication for sleep and anti-inflammatory medications. The treatment plan included medications, spinal cord stimulator, neurological consultation, extension of gym membership and a home health aide. This request is an appeal for home health aide. On 04/07/2015, the provider documents the injured worker presents with impaired gait suggestive of truncal ataxia after spinal cord stimulator trial. The provider notes she has improved significantly in terms of functional capabilities however she will be unable to perform moderate/heavy house cleaning duties or grocery shopping when she is discharged home (from rehab). Recommendations were for assistance with bathing/showering for safety. The recommendation is for 4 hours per day, 3 days per week (bare minimum) amount of assistance to allow her to live successfully in her current home environment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care for 144 hours: Overturned

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

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

Decision rationale: The CA MTUS states that 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/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. The request is for 12 hours/ week for 3 months. This claimant requires minimal assistance with transfers, lower body dressing, bathing and toileting. The request meets medical necessity and is deemed medically necessary and appropriate.