MAXIMUS Federal Services

Case Number:	CM15-0097809		
Date Assigned:	07/15/2015	Date of Injury:	03/19/2001
Decision Date:	08/10/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/20/2015

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: New Jersey, Alabama, California
Certification(s)/Specialty: Neurology, Neuromuscular 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 is a 63-year-old male with a March 19, 2001 date of injury. A progress note dated May 7, 3015 documents subjective complaints (doing reasonably well, maintaining good motion of the neck since neck surgery) and objective findings (satisfactory sensory, motor, and deep tendon reflexes; able to touch chin all the way to the chest; full extension and rotation of the neck). Diagnoses noted in the medical record included cervicalgia, lumbar laminectomy syndrome, degeneration of cervical intervertebral disc, and chronic pain syndrome. Treatments to date have included cervical spine disc replacement, physical therapy, chiropractic treatments, imaging studies, and medications. The treating physician documented a plan of care that included six visits by a home health aide.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 visits by Home Health Aide (2 per month): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain: Home Health Services.

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

Decision rationale: According to MTUS guidelines, home care assistance is 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 laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. (CMS, 2004) The patient does not fulfill the requirements mentioned above. There is no documentation that the patient recommended medical treatment requires home health aide. Therefore, the request for 6 visits by Home Health Aide (2 per month) is not medically necessary.