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| Case Number: | CM14-0147832 | | |
| Date Assigned: | 09/15/2014 | Date of Injury: | 09/13/2010 |
| Decision Date: | 10/23/2014 | UR Denial Date: | 08/15/2014 |
| Priority: | Standard | Application Received: | 09/11/2014 |

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records presented for review indicate that this 64 year-old female was reportedly injured on 9/13/2010. The most recent progress note dated 7/10/2014, indicates that there are ongoing complaints of low back pain. Physical examination demonstrated labored gait with a cane; painful cervical spine range of motion with diffuse tenderness extending into her shoulders; positive axial head compression test; shoulder range of motion limited and painful at 130 of abduction bilaterally; left thumb extension contracture; diffuse tenderness to the lumbar spine and bilateral SI sulcus; lumbar flexion limited with pain; distal leg weakness; MRI of the lumbar spine dated 8/27/2014 demonstrated grade II (12 mm) anteriorlisthesis of L5 on S1 with bilateral pars interarticularis defect, 2 mm disk bulge without significant central canal narrowing, moderate foraminal narrowing and reactive marrow edema within the endplates at L5/S1; several disk bulges without significant central canal narrowing at L1/2, L3/4 and L4/5, with mild moderate foraminal narrowing at L1/2 and L4/5. Previous treatment includes SI joint rhizotomy, aquatic therapy, home exercise program and medications. A request had been made for home health aide support 4 hours a week to assist with grocery shopping and cleaning, which was not certified in the utilization review on 8/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Aide Support 4 hrs a week: Upheld

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 California MTUS guidelines support home health services for medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. The treatment guidelines specifically state that medical treatment will not include shopping, cleaning, laundry, or personal care given by home health aides. Review of the available medical records, documents a request for home health aide support for 4 hours a week to assist with grocery shopping and cleaning. As such, Home Health Aid Support 4 hrs a week is not considered medically necessary.