

Case Number:	CM14-0162259		
Date Assigned:	10/07/2014	Date of Injury:	07/27/2006
Decision Date:	11/03/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	10/02/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine 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:

Patient is a 57 year-old female with date of injury 07/27/2006. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 03/06/2014, lists subjective complaints as pain in the low back. Objective findings: Examination of the lumbar spine revealed antalgic gait. Patient presented in a wheelchair. Range of motion was limited with pain. There was decreased sensation at the L5-S1 dermatome. Diagnosis: 1. Residuals of decompression and subsequent lumbar spine fusion 2. Persistent radiculopathy, right lower extremity 3. Charcot right ankle joint with severe joint erosion 4. Impingement syndrome, right shoulder 5. Lateral epicondylitis, right elbow 6. Insulin dependent diabetes mellitus 7. Cervicogenic headaches 8. Cervical spine sprain/strain. Patient is status post lumbar microdiscectomy at L4-L5 on 04/16/2007, and a L4-L5 lumbar fusion on 11/09/2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 Home Health Care Visits, 4 Hours 3 Days Per Week For 6 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin Number 0218, U.S. Department of Health and Human Services Centers for Medicare and Medicaid Services CMS Publication No. 10969 (Revised September 2007) page 3.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Home Health Services.

Decision rationale: The Official Disability Guidelines recommend home health services only for recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis. 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 medical record does not contain documentation that the patient requires medical services to be provided at the home. Home health services are not medically necessary.