

Case Number:	CM14-0072595		
Date Assigned:	07/16/2014	Date of Injury:	10/12/2005
Decision Date:	10/13/2015	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/19/2014

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. 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: 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 66 year old male with an industrial injury dated 10-12-2012 (CT). According to medical records reviewed, he was being treated for lumbar spine musculoligamentous sprain-strain. In the progress note dated 04-11-2014, the injured worker complained of back pain, spasm and difficulty sleeping. His symptoms were described as "mild, moderate, frequent, dull, sharp and burning." His pain was rated as 3 out of 10 with medications and 7 out of 10 without medications. Functional benefits of medications are documented as able to perform activities of daily living, improved participation in home exercise program and improved sleep pattern. Objective findings of lumbar spine evaluation were documented as tender, spasm and pain at lumbar sacral junction. His work status is documented as retired. There is a Primary Treating Physician's Supplemental Report - Request for home care assistance dated 02-27-2014. The following information is taken from the physician note dated 02-27-2014. "The patient reported that due to his continued pain with associated impairment caused by his work-related injuries, he is either unable or experiences marked increase in symptoms with personal care and home activities including dressing, mopping, vacuuming, dusting, making his bed, cleaning the bathroom, sweeping, cooking, doing dishes, doing laundry and grocery shopping." "Before the patient's work-related injury, he was performing approximately 75% of cooking and doing the dishes, as well as cleaning the bathroom and approximately 50% of mopping, vacuuming, dusting, making his bed, sweeping, grocery shopping and doing laundry." "Performance of the above activities would reasonably place increased strain and load on the patient's injured areas and as a result would place the patient at a substantial and probable

risk of aggravation of his low back condition. For this reason, it is believed home care is medically necessary and reasonable given the extent of the patient's continued complaints and associated impairment in activities of daily living." Prior treatments included acupuncture, home exercise program and medications. On 04-11-2014 the provider submitted a request for home care assistance 2 hours per day 7 days per week for 6 weeks. On 05-08-2014 the request for home care assistance 2 hours per day 7 days per week for 6 weeks was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Care Assistance 2 hours/day 7 days a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

Decision rationale: The California MTUS section on home health states: 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) Homemaker services are not recommended as requested per the documentation reviewed and therefore the request is not certified and therefore is not medically necessary.