

Case Number:	CM13-0018539		
Date Assigned:	10/11/2013	Date of Injury:	01/07/2013
Decision Date:	01/17/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	08/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehab, has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in Illinois, Indiana, and Texas. 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 physician 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 patient is a seventy three year old female who reported an injury on 01/07/2013. Her symptoms were noted to include numbness of the right five fingers, numbness of the right knee and leg, tingling of the right knee and leg, neck pain, lower back pain, right shoulder and arm pain which radiated to the neck, right hip pain that was nonradiating, right knee and leg nonradiating pain, head, and right groin pain. Objective findings included tenderness to palpation of the cervical spine and right knee, and it was noted that sensation to light touch was intact. Her diagnoses were listed as cervical spine strain, right shoulder internal derangement, right knee/leg surgery on 01/30/2013, and other problems unrelated to the current evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health two hours per day times five days: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines states that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound. The treatment is recommended only on a part-time or intermittent basis, generally for up to no more than 35 hours per week. It further states that 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 that is needed. The documentation provided for review fails to give an indication for home health services for this patient. She was shown to only have objective findings of tenderness to palpation and normal sensation at her last office visit. Therefore, it is not known what services the patient is requiring from home health. With the absence of detailed documentation regarding the request for home health services, it is not supported. Therefore, the request is non-certified.