

Case Number:	CM13-0021473		
Date Assigned:	11/08/2013	Date of Injury:	10/30/2010
Decision Date:	01/28/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	09/09/2013

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 and Rehabilitation and is licensed to practice in Illinois, Indiana, 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 40-year-old female who reported a cumulative trauma injury from 10/15/2007 to 01/31/2011. The patient had numerous complaints to include neck pain radiating to the bilateral upper extremities, bilateral shoulder pain, back pain radiating into the bilateral lower extremities, right elbow/wrist and hand pain with numbness and tingling to the fingers, left hip pain, complaints of stress, anxiety and depression, and difficulty sleeping secondary to chronic pain and disability, complaints of headaches, and complaints of stomach upset as well as a pre-existing internal medicine condition aggravated by work-related injury, chronic pain and disability. Aside from using oral medications, the patient has had approximately 18 physical therapy sessions, and was also referred to her family doctor to a neurologist due to her ongoing headaches. Further noted in the documentation, the patient has also undergone epidural steroid injections to help reduce her lumbar spinal pain. However, there are no official reports in regards to the efficacy of those procedures. The physician is requesting healthcare assistance 2 hours/day for 3 days a week for a total of 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

health care assistance 2 hours/day for 3 days a week for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: California MTUS states that home health services are recommended only for otherwise recommended medical treatment for patients who are home bound, 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. The documentation does not indicate the patient is home bound and unable to perform activities of daily living (ADLs); it only states she has difficulty with some of her ALDs. Furthermore, according to the original request date of 06/11/2013, the physician was requesting home health services to provide assistance with cooking, cleaning, laundry, meal prep, and grocery shopping. As this does not pertain to a true home health service, but rather a maid service, the requested service does not meet guideline criteria at this time. As such, the requested service is non-certified.