

Case Number:	CM13-0032071		
Date Assigned:	12/04/2013	Date of Injury:	03/08/2010
Decision Date:	02/11/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/07/2013

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 & Rehabilitation, and is licensed to practice in Illinois. 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 58-year-old female who reported an injury on 03/08/2010. The patient is currently diagnosed with cervical spine sprain and strain, thoracic sprain and strain with left upper extremity radiculitis, and shoulder massive rotator cuff repair. The patient was seen by [REDACTED] on 09/10/2013. Physical examination revealed tenderness to palpation of the cervical spine, positive Spurling's maneuver, diminished sensation, and diminished range of motion. Treatment recommendations included continuation of physical therapy, continuation of current medication, and a request for home care 4 hours per day, 3 days per week, for a duration of 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Care: continue home care 4 hours/day x 3 days/week x 6 weeks: 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 MTUS guidelines indicate home health services are 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, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. According to the clinical notes submitted, there is no indication that this employee is homebound and requires home health services. The medical necessity has not been established. Therefore, the request is non-certified.