

Case Number:	CM13-0034961		
Date Assigned:	12/11/2013	Date of Injury:	04/04/2012
Decision Date:	01/31/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/16/2013

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 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 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 applicant has filed a claim for chronic low back pain, chronic wrist pain, chronic shoulder pain, chronic upper extremity pain, chronic hip pain, and chronic knee pain reportedly associated with an industrial injury of April 4, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; prior right carpal tunnel release surgery; transfer of care to and from various providers in various specialties and extensive periods of time off of work. In an appeal letter of September 3, 2013, the attending provider writes that the applicant's ability to perform household chores is effected by her physical limitations following carpal tunnel release surgery on July 7, 2013. It is stated that the applicant lives alone and needs help to doing chores, which include vacuuming, making beds, mopping, cleaning bathrooms, dusting, sweeping, cooking, washing dishes, doing laundry, grocery shopping, and transportation. This is echoed by an earlier progress note of August 29, 2013, in which the attending provider again sets forth a request for home health assistance to perform activities of daily living and other chores while the applicant remains off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care assistance: 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: As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, provision of home health services to perform activities such as shopping, cleaning, laundry, and personal care is not covered when this is the only care needed. In this case, the assistances with activities of daily living are the only services being sought by the attending provider. Page 51 of the MTUS Chronic Pain Medical Treatment Guidelines suggests that this is not covered treatment.