

Case Number:	CM13-0039139		
Date Assigned:	12/18/2013	Date of Injury:	10/20/2004
Decision Date:	02/11/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/02/2013

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 has a subspecialty in Interventional Spine 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:

Patient is a 52-year-old female with a date of injury of 10/20/2004. During peer-to-peer communication between UR and treater, dated 09/23/2013, treater states the patient has history of chronic pain affecting multiple body segments and the patient lives alone and needs assistance with house chores". According to report dated 09/11/2013 by [REDACTED], patient's overall status is stable, although she continues to have significant generalized pain, most likely from fibromyalgia. Physical examination showed reduced ROM in cervical and lumbar spine, positive Soto Hall, hypesthesia (left 4th and 5th digits), and myospasm of the lumbar spine. Patient diagnoses include anxiety/depression, history of discogenic disorder cervical and lumbar spine, cephalgia, fibromyalgia, bilateral elbow and wrist disorders, and status post CTR (2010). Patient medication includes Norco, Some, Wellbutrin, Gabapentin, Provigil, Alprazolam, Trazodone, Naprosyn and Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for 9/16/13 request for home health care for cleaning, cooking, and marketing 4 hours a day, three days a week for 2 months: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: This patient presents with anxiety/depression, history of discogenic disorder cervical and lumbar spine, cephalgia, fibromyalgia, bilateral elbow and wrist disorders, and status post CTR (2010). The treater's reports reviewed from (01/16/2013 to 09/11/2013) do not reveal the patient's precise functional status, whether or not she is independent with self-care or homebound. Treater does mention patient lives alone and needs assistance with cooking, cleaning, laundry, shopping and cleaning dishes. MTUS page 51 states 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. Additionally, MTUS states 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). Recommendation is for denial.