

Case Number:	CM13-0041571		
Date Assigned:	12/20/2013	Date of Injury:	06/23/2003
Decision Date:	02/20/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/15/2013

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 Family Practice and is licensed to practice in 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 55-year-old female who reported a work-related injury on 06/23/2003. The specific mechanism of injury was not stated. The patient presents for treatment of the following diagnoses: chronic neck pain/stiffness, bilateral shoulder pain, right upper extremity pain, depression, anxiety, insomnia, and dyslipidemia. The clinical note dated 08/19/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient utilizes the following medication regimen: Abilify, alprazolam, Butrans, hydrocodone/acetaminophen, hydroxyzine, Lyrica, Maxalt, MiraLAX, pravastatin, sertraline, Soma, venlafaxine, and zolpidem. The provider documents the patient reports she is in so much pain she feels she cannot keep up her home. The provider documents the current clinic visit is an individual psychotherapy visit under the care of [REDACTED]. The provider documents the patient feels she can no longer upkeep her home both inside and out as she reports she is physically unable to do so.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health assistance for four hours a day, five to six days per week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51. Decision based on Non-MTUS Citation ODG(Low Back Chapter) and (<http://www.medicare.gov/publications/pubs/pdf/10969.pdf>)

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

Decision rationale: The patient's providers are recommending the patient receive home health services to assist with upkeep of her home both inside and out. However, California MTUS indicates medical treatment does not include homemaker services such as shopping, cleaning, laundry, and personal care given by home health aides such as bathing, dressing, and utilizing the bathroom when this is the only care needed. Given all the above, the request for Home health assistance for four hours a day, five to six days per week is neither medically necessary nor appropriate.