

Case Number:	CM13-0046301		
Date Assigned:	06/09/2014	Date of Injury:	06/07/2007
Decision Date:	07/14/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/31/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 expert 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 with a work injury dated 6/7/07. Her diagnoses include cervical radiculopathy, status post right deQuervain's release in 11/2007; completed [REDACTED] in 3/09; s/p left total knee arthroscopy in 2011; fibromyalgia. bilateral wrist pain and left knee pain; chronic pain with opioid dependence, major depressive disorder with psychotic features. There is a request for extended home care 8 am-8 pm 5 days a week. There is an 11/17/13 psychiatric progress report in which the treatment plan states that the patient is also in need of assistance more than four hours a day. Ideally she should be provided an assistant from 8 a.m. to 8 p.m. on a daily basis given her limitations which have significantly impacted her emotional state. There is a 10/30/13 primary treating physician pain management report that states that the patient presents for bilateral arms and knee pain. She describes her pain as sharp, aching, burning, and throbbing and shooting. Frequency of pain is constant and intermittent. Patient states her pain is 7/10 at worst. She has average pain level of 5 and 10 at the worse. The patient describes her mood as frustrated and depressed. With opioid medications the patient notes that sitting tolerance is improved by 30%. Sitting tolerance is min/hour. Standing tolerance is improved by 30%. Walking tolerance is improved by 30%. The patient needs to take frequent break and sit after walking for 5 minutes. Lifting tolerance is improved by 10%. Household chore tolerance is improved by 30%. The tolerance for carrying out daily household chores is very light work. Work tolerance is unchanged. On physical examination there is tenderness noted in the right and left lumbar paravertebral regions at the L4-L5 and L5-S 1 levels. The range of motion of the cervical spine is reduced. There is tenderness present in the cervical paravertebral region on the right side at the C5-C6 and C6-C7 level. Spurling Test is positive on the right for neck pain as well as radiculopathy. The neurological exam reveals that sensations are diminished

in the right upper extremity. C5 and C6 distribution. There is decreased grip strength right upper extremity. Reflexes are 1+ In the right upper extremity. Her treatment plan includes mirtazapine 30 mg tablet 1 Tablet Every Night ;MS Contin 15 mg tablet, extended release 1 Tablet Twice a Day PRN;Nuvigil 250 mg tablet 1 Tablet Once a Day PRN for 28 Days; Fentanyl 100 mcg/hr and Transderm Patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXTENDED HOME CARE 8 AM TO 8 PM X 5 DAYS A WEEK (COMPANION):

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

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

Decision rationale: The guidelines state that 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. The guidelines state that 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 homebound. The documentation is not clear on why home health is needed and in particular why an extended home care is required. The request for extended home care 8 am to 8 pm 5 days a week is not medically necessary.