

Case Number:	CM13-0059429		
Date Assigned:	12/30/2013	Date of Injury:	12/21/2009
Decision Date:	04/04/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	12/02/2013

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 Pain Management and is licensed to practice in Texas and Ohio. 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 62 year old male that reported an injury on 12/21/2009 and the mechanism of injury reported was a fall. The clinical note dated 10/30/2013 noted the patient complained of pain to the right shoulder with popping and clicking that radiated throughout the right upper extremity to right the hand and wrist where there was noted numbness and tingling. The patient complained of pain to the lower back of moderate to severe in intensity with increased pain during bowel movements. The pain radiated to the left lower extremity to the foot and toes with numbness and tingling and pain. The patient had complaints of pain to the left knee with locking sensations throughout the left knee. The medications listed are topical creams, pain patches and omeprazole. Reference of the MRI of the right shoulder revealed minimal joint effusion, moderate osteoarthritic changes in the acromioclavicular joint and tendinosis of the supra and infraspinatus tendons. The patient completed acupuncture treatments, lumbar epidural steroid injection, and cortisone injection to the right shoulder and six (6) shockwave therapy treatments for his low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health aide 6 hours a day, 5 days a week for 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services, page 51. Page(s): 51.

Decision rationale: The request for the home health aide 6 hours a day 5 days a week is non-certified. The patient has ongoing pain to the shoulder and the right upper extremity that radiates to his hand and fingers as well as low back pain that radiates to his lower extremity and left knee pain. The MTUS guidelines state Home health services are recommended only for 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, 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 provided failed to indicate the patient was homebound and was in need of medical assistance. Therefore, the request for Home health aide 6 hours a day, 5 days a week for 3 months is non-certified.