

Case Number:	CM13-0062547		
Date Assigned:	12/30/2013	Date of Injury:	06/07/2007
Decision Date:	04/04/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/06/2013

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 Preventive 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 patient is a 55 year old female who was injured on 06/07/2007. She injured her bilateral wrists due to repetitive duties required at work. The patient states that she gradually also developed pain in her bilateral shoulder, cervical spine, bilateral knees, and lumbar spine. The patient also developed sleep disturbance, severe depression and cognitive impairment. Prior treatment history has included Motrin, Neurontin, Norco, Naprosyn, corticosteroid injections into the right wrist, thumb spica, wrist splints and occupational therapy. The patient underwent on 06/08/2011 diagnostic arthroscopy of left knee, chondroplasty patellofemoral joint unstable cartilage, partial medial meniscectomy and debridement with small partial lateral meniscectomy. Progress note dated 10/30/2013 documented the patient to have complaints of bilateral arms and knee pains. She describes her pain as sharp, aching, burning, throbbing and shooting. Frequency of pain is constant and intermittent. Objective findings on exam included on physical examination the patient appears alert and oriented. The patient appears well developed. The patient appears well nourished and in no acute distress. Lumbar spine examination shows tenderness noted in the right and left lumbar paravertebral regions at the L4 -L5 and L5-S1 levels. Cervical spine examination reveals range of motion at 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 levels. Spurling test is positive on the right for neck pain as well as radiculopathy. On neurological examination sensations are diminished in the right upper extremity. C5 and C6 distribution. Motor strength: decreased grip strength right upper extremity. Reflexes are 1+ in the right upper extremity. Psychiatric progress report dated 10/22/2013 documented patient did not appear to be in any acute distress or discomfort. Her affect has improved significantly. Memory dysfunction showed no significant impairment in either short -term or long-term memory.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXTENDED HOME CARE 12 HOURS PER DAY FOR 5 DAYS PER WEEK: 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: The MTUS chronic pain treatment guidelines details 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. 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. In a recent psychiatry report dated October 9, 2013 , the provider notes that she has been getting four hours of home health assistance a day and continues to make progress on eight medications. He requested an increase in home health assistance from 8 AM to 8 PM because of limitations that significantly impact emotional state. However, he does not comment on what these limitations are or how the home health assistance might affect these limitations. Clinic notes showed psychiatric diagnoses of anxiety and depression and physical complaints of bilateral upper extremity pain and knee pain. Clinic notes provided no goals, or indications regarding the need for home health assistance. Based on the diagnosis and considering the lack of documentation of functional impairments that would require extensive daily home health assistance in conjunction with the above-mentioned practice guideline this request is not medically necessary.