MAXIMUS Federal Services

Case Number:	CM13-0065098		
Date Assigned:	01/03/2014	Date of Injury:	11/09/1999
Decision Date:	05/19/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/12/2013

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 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 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:

This is a 76 year-old female with an 11/9/1999 industrial injury claim. She has been diagnosed with fibromyalgia; frozen shoulder, right side; severe coccydynia; chronic lumbar pain; post laminectomy syndrome in the cervical spine, s/p C5/6 anterior fusion; a occipital neuralgia; and left shoudler internal derangement. According to the 11/25/13 pain management report from [redacted], the patient is disappointed that she was only approved for 35 hours of home care assistance. She has severe shoulder pain, back and coccyx pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME CARE ASSISTANCE 8HRS A DAY X 7 DAYS A WEEK: 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 patient presents with bilateral shoulder pain and low back/coccyx pain. I have been asked to review for home health care 8 hours/day for 7 days a week. UR has modified the request to allow 35 hours a week to be in accordance with MTUS guidelines. I have

reviewed the pain management reports from [redacted] dated 11/25/13, 10/28/13, 9/16/13, 7/22/13 and a neurological report form [redacted] dated 8/21/13. None of the reports describe any need for home medical treatment. 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." None of the reports provided for this IMR state why the patient needs home health care beyond the 35-hours/week that was approved, and it is not apparent from reviewing the exam findings. The request for additional hours of home health care above 35-hours/week is not in accordance with MTUS guidelines. The request is non certified.