

Case Number:	CM13-0068985		
Date Assigned:	01/03/2014	Date of Injury:	11/09/2011
Decision Date:	05/28/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/20/2013

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 Occupational 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 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 an employee of [REDACTED] and has submitted a claim for neck pain, with an industrial injury date of November 9, 2011. Treatment to date has included cervical epidural steroid injection (January and April 2013), physical therapy, deep tissue massage, acupuncture, chiropractic care, and medications which include Ambien, Tylenol #3/#4, and Zanaflex. Medical records from 2012 to 2013 were reviewed the latest of which dated June 14, 2013 which revealed that the patient continues to complain severe pain in her neck radiating to her upper extremity. On physical examination, the cervical paraspinal muscles are tender to palpation. There is noted muscle spasm and guarding. The patient can flex her neck to a point where her chin is within 2 fingerbreadths of her chest. Extension is 40 degrees. Rotation is 60 degrees to the left and 50 degrees to the right. There is positive Spurling's test on the right. Utilization review from December 4, 2013 denied the request for urgent postoperative home help for 2-3 weeks, four hours per day.

IMR ISSUES, DECISIONS AND RATIONALES

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

POSTOPERATIVE HOME HELP FOR 2-3 WEEKS, FOUR HOURS PER DAY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: As stated on page 51 of the CA MTUS Chronic Pain Medical Treatment Guidelines, home health services are recommended only for otherwise recommended medical treatment for patients who are homebound and services rendered are medical treatment which do not include homemaker and personal care services. In this case, the request was made because the patient has small children at home and would require home health assistance postoperatively to help with cleaning, laundry, light cooking and ADLs. The services needed are not supported by the guidelines, therefore, the request for urgent postoperative home help for 2-3 weeks, four hours per day is not medically necessary.