

Case Number:	CM13-0069173		
Date Assigned:	01/03/2014	Date of Injury:	08/24/1999
Decision Date:	07/03/2014	UR Denial Date:	12/17/2013
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 Physical Medicine & 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 51 year old female with a work injury dated 8/24/99. Her diagnoses include left ulnar neuropathy, complex regional pain syndrome, status post spinal cord stimulation, lumbar radiculopathy, major depression. There is a 12/23/13 pain management document that states that the patients last home health approval was dated 9/12/13, and valid through 12/13/13. Her condition has not changed, and she requires the assistance on an ongoing basis. An AME report dated 5/3/12 supports this, and states the need will be "lifelong". The document states that the patient is homebound intermittently, requires ongoing medical treatment, and requires homemaker services such as shopping/cleaning/laundry/and personal care assistance. The request has been for 22 hrs/week, which is well below the recommended max 35 hrs/week. The patient still has low back and leg pain. The patient comes in for a follow up evaluation. Patient reports significant pain control from last elbow injection, She continues to have functional pain control with current medication regimen without any side effects. On physical exam she has diffuse muscle spasm, and tenderness and a decreased range of motion of the cervical spine. There is allodynia over both upper and lower extremities. Her gait is antalgic. She is kyphotic. There are spasms in the bilateral lumbar and cervical area. There is a positive Tinel over the left ulnar nerve. There is allodynia in all four limbs with hypersensitivity in all four limbs. There is decreased sensation left ulnar nerve distribution. Her medications include Lidoderm Patch; MS Contin XR 30mg 2 tablets every 12 hours; Colace, Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH AIDE 22 HOURS PER WEEK FOR 12 WEEKS: 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: Home health aide 22 hours per week for 12 weeks is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. 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. 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 submitted does not indicate what medical care the home health service is providing for this patient. The documentation indicates that the home health providers have been performing housekeeping, meal preparation, without clear documentation of medical care for this patient. The request for home health aide 22 hours per week for 12 weeks is not medically necessary.