

Case Number:	CM14-0000509		
Date Assigned:	01/10/2014	Date of Injury:	02/03/2005
Decision Date:	06/13/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	01/02/2014

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 injured worker is a 49 year old female who was injured on February 3, 2005. The most recent clinical progress note provided is dated September 9, 2013. This document does not make a recommendation for treatment with home health. The patient is documented as returning with constant bilateral upper extremity pain. The patient additionally complains of numbness and tingling in the right-hand accompanied by radiating pain at both extremities. Examination documents diminished range of motion of both shoulders, tenderness to palpation and spasm in both upper extremities (the clinician does not specify where), tenderness to palpation at the elbows, limited wrist range of motion, tenderness and a fusion at the wrists. The utilization review in question was rendered on December 10, 2013. The reviewer noncertified the request for home health assistance, four hours daily, three days per week for six months.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH ASSISTANCE FOUR (4) HOURS A DAY, THREE (3) TIMES A WEEK, FOR SIX (6) MONTHS: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule (CA MTUS) recommends home health services only for otherwise recommended medical treatment for individuals who are homebound on a part-time or intermittent basis. The California Medical Treatment Utilization Schedule further states, as a medical treatment does not include homemaker services such as shopping, cleaning, laundry, and personal care. Based on the clinical documentation provided, there is no indication as to why home health services is warranted as the clinician does not discuss the necessity of this request. As such, it is considered not medically necessary.