

Case Number:	CM14-0000748		
Date Assigned:	01/17/2014	Date of Injury:	07/20/2010
Decision Date:	04/30/2014	UR Denial Date:	12/23/2013
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 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:

Medical reports from 2012 and 2013 are reviewed and indicate persistent left upper extremity and left shoulder complaints. Urine drug screen is demonstrated that one or more anticipated medications were repeatedly not detected, suggesting noncompliance. 10/24/13 progress report indicates ongoing physical therapy to the left shoulder. The patient had not reached MMI at that point. Physical exam findings suggested limited left shoulder range of motion, upper extremity tenderness. The patient complained of bilateral wrist, elbow, left thumb and left shoulder pain. The patient reported repetitive motion injuries to her left arm, wrist and elbow. Treatment to date has included left wrist diagnostic arthroscopy, debridement, TFCC repair on 12/14/13, postop occupational therapy, left shoulder arthroscopy with subacromial decompression in 2013, acupuncture, medication, and physical therapy. 1/23/13 utilization review denied a request for home health aide as there was no medical information submitted with this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH AIDE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Home health services

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

Decision rationale: CA MTUS states 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. However, there is no evidence that the patient is homebound or would require medical care rendered in a home setting. 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. There is no specific indication for medical treatment to be rendered at home or functional deficits that would preclude the patient from office visits. Therefore, the request was not medically necessary.