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| Case Number: | CM14-0000963 | | |
| Date Assigned: | 01/22/2014 | Date of Injury: | 04/01/2007 |
| Decision Date: | 03/25/2014 | UR Denial Date: | 12/09/2013 |
| Priority: | Standard | Application Received: | 01/02/2014 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal 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 physician 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 48-year-old female diagnosed with mononeuritis of the upper limb and mononeuritis multiplex, from a work-related injury on 4/1/2007. The nature of her injury was that she was lifting a patient at work to go to the restroom, when the patient fell on her. Her diagnoses include status post right shoulder arthroscopy for rotator cuff tendinitis, acromioclavicular joint arthritis, and partial rotator cuff tear. She underwent subacromial decompression, mumford procedure, status post carpal tunnel release right wrist, and status post right trigger thumb release. She was also diagnosed with chronic pain syndrome, ruptured disc C4-5 with radicular pain, and narcotic drug dependence. The current medications are Oxycontin 30mg #60 one (1) tablet by mouth two times a day and Norco 10/325mg #120 one (1) tablet by mouth every four to six (4-6) hours, as needed for pain. Additional medications include tramadol, Flexeril, Prilosec and amoxicillin. She is under the care of a pain management physician. She has received cervical epidural injections, which alleviated her pain for more than six (6) weeks. She is permanent and stable with a WPI of 28%. A physical examination showed abnormal cervical spine findings with asymmetry, decreased range of motion with flexion 30/50, extension 30/60, right lateral bending 20/45, left lateral bending 20/45, right rotation 60/80 and left rotation 60/80. Due to her work related injury and disability, the patient has difficult with self care activities and activities of daily living including shopping, cleaning, laundry and personal care, including bathing dressing and using the bathroom. She cannot perform duties at work which require the use of her right upper extremity and therefore has been placed off work. On 1/22/14, it was stated that the patient require home health services at eight (8) hours a week, seven (7) days a week for twelve (12) weeks

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Care eight (8) hours a day, seven (7) days a week for twelve (12) weeks:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation the ODG, and the CMS 2004 criteria

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

Decision rationale: The Chronic Pain Guidelines indicate 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." Review of the records indicated that the patient is not homebound, therefore the home services are not indicated.