MAXIMUS Federal Services

Case Number:	CM14-0003405		
Date Assigned:	04/04/2014	Date of Injury:	12/13/2010
Decision Date:	05/08/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/08/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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:

This is a 57-year-old female with a reported work related injury 12/13/2010. The mechanism of injury occurred when the injured worker was involved in a motor vehicle accident in the course of her duties in which she was broad sided by another vehicle. Following the accident, the injured worker continued on to work and reportedly self treated with ice packs and over the counter medication until 12/21/2010. On 12/22/2011, the injured worker sought evaluation and treatment by a chiropractor. The patient has been treated with physical therapy and medications which did provide some relief in 2011. Cervical spine x-rays revealed straightening of the lordosis and moderately severe degenerative disc disease from C4-7. Thoracic spine x-rays were reportedly normal. Lumbar spine x-rays revealed severe degenerative disc disease at L2-3. The diagnoses were chronic sprain/strain cervical spine, chronic sprain/strain of lumbar spine, mild global weakness of both shoulders. Physical exam on 05/30/2013 of the cervical spine revealed grade 1 tenderness to palpation over the paraspinal muscles. Cervical compression test was positive. Exam of the thoracic spine found grade 3 tenderness to palpation over the paraspinal muscles. Exam of the lumbar spine indicated tenderness to palpation over the paraspinous muscles. The right shoulder showed grade 1 tenderness to palpation as well as the right arm. The treatment plan was for the injured worker to continue acupuncture therapy for the cervical, thoracic, and lumbar spine twice a week for 4 weeks, continue with prescribed medications of cyclobenzaprine and Tramadol every 6 hours as needed for pain, urine toxicology testing, consulting with a pain management specialist for lumbar spine epidural steroid injections, right shoulder consultation, and a follow up with physician on 07/20/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH AIDE 4 HOURS PER DAY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Home health care.

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

Decision rationale: The CA MTUS Guidelines recommend home health services only for medical treatment for patients who are homebound, part-time or intermittently, generally up to no more than 35 hours per week. The 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 request for home health aide 4 hours per day is non-certified. The CA MTUS Guidelines recommend home health services of injured workers who are home bound and the clinical information submitted for review did not indicate that the injured worker is home bound as well as the duties that were to be performed by the home health aide. Also, the request as submitted failed to provide the duration of the home health aide to determine necessity. Thus, the request is non-certified.