

Case Number:	CM14-0004725		
Date Assigned:	04/25/2014	Date of Injury:	04/18/2000
Decision Date:	05/29/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	01/13/2014

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:

The patient is an employee of [REDACTED] and has submitted a claim for cervical post-laminotomy pain syndrome, severe left thoracic outlet syndrome, post-traumatic stress disorder, and major depression associated with an industrial injury date of 04/18/2000. Treatment to date has included anterior discectomy, cervical fusion at C6-C7 on 2000; C6-C7 hardware removal, anterior fusion of C3-C6 on 2009; anterior/posterior revision fusion at C3-C7 on 2010; re-exploration of brachial plexus and infra and supraclavicular decompression surgery on 10/28/2013 with decompression of left ulnar nerve, left median nerve on same day; trigger point injection, and medications such as nortriptyline, Lyrica, Seroquel, Ambien, and Voltaren gel. Medical records from 2013 to 2014 were reviewed showing that patient complained of persistent pain, weakness and headaches. She had a depressed affect. Patient had suicidal attempts based on a progress report dated 10/24/2013. Physical examination showed tenderness and muscle spasm at left scalene, and left trapezius. Cervical spine range of motion was restricted. Range of motion testing of left shoulder towards internal and external rotation resulted to pain. Motor strength was 4+/5 at the left finger flexors and intrinsic hand muscles. Costoclavicular abduction test was positive at the right. Deep tendon reflexes were equal and symmetric, gait was normal and sensation was diminished at the fourth and fifth digits, left hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH AID 12 HOURS/DAY, 7 DAYS/WEEK FOR 12 WEEKS WITH RN RE-EVALUATION BEFORE END OF CARE: 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 Section, Page(s): 51.

Decision rationale: As stated on page 51 of CA MTUS Chronic Pain Medical Treatment Guidelines, home health services are only recommended for otherwise recommended medical treatment for patients who are homebound, 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. In this case, patient has been receiving home health assistance (HHA) since July 2013. An evaluation report cited that HHA assisted patient with pain management, meal preparation, bathing, dressing, cleaning, shopping, transportation to MD appointments, and stand-by assistance while eating or toileting. She was unable to lift anything beyond 10 lbs, ambulate, navigate stairs or uneven surfaces, run errands, buy groceries, and do laundry independently. A note written on 10/24/2013 cited that patient had suicidal attempts. She has been living alone and has no available supportive family members or neighbors. The most recent home care evaluation on 11/15/2013 cited that patient was forgetful as manifested by her inability to recall her next clinic visit, as well as her inability to manage her medications independently. The medical necessity for a home health aide has been established. However, the present request of 12 hours/day for 7 days a week exceeds the recommendation of no more than 35 hours per week as stated above. Therefore, the request for home health aid 12 hours/day, 7 days/week for 12 weeks with RN re-evaluation before end of care is not medically necessary.