

Case Number:	CM14-0004881		
Date Assigned:	01/24/2014	Date of Injury:	09/21/2007
Decision Date:	06/20/2014	UR Denial Date:	12/09/2013
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 Orthopedic Surgery 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:

The injured worker is a 60 year old female with a reported date of injury on 09/21/2007. The mechanism of injury was reportedly caused by motor vehicle accident. The injured worker complained of constant sharp pain, that injured worker states caused severe and profound limitations. According to the clinical note dated 05/29/2013, the injured worker's cervical spine motor strength was reported as 5/5, except at the left C6 reported at 4/5, the physician documented a 20% loss of range of motion of the cervical spine. According to the clinical note dated 11/20/2013 the injured worker was requesting home care to "maintain an independent living". The injured worker's diagnosis included cervical spine degeneration. The injured worker's medication regimen included Hydrochlorothiazide, Metoprolol and Zolpidem. The injured worker's medication regimen included Percocet, Hydrochlorothiazide, Metoprolol, Ultracet, Anaprox-DS and Cyclobenzaprine. The request for authorization for home care 4hrs/day, 1day/week for 3 months was submitted on 01/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME CARE 4HRS/DAY, 1DAY/WEEK FOR 3 MONTHS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , HOME HEALTH SERVICES, 51

Decision rationale: The California MTUS guidelines recommend medical treatment for patients who are homebound, on a part-time or intermittent basis, no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. According to the clinical note dated 02/20/2013, the injured worker was able to independently perform all activities of daily living, the injured worker requires assistants for "housekeeping and cleaning activities". The guidelines do not recommend home care for cleaning, and laundry, and personal care. Therefore, the request for home care 4hrs/day, 1day/week for 3 months is not medically necessary or appropriate.