

Case Number:	CM14-0005621		
Date Assigned:	02/07/2014	Date of Injury:	06/04/1993
Decision Date:	08/05/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/15/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 63-year-old female was reportedly injured on June 4, 1993. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated November 19, 2013, indicates that there are ongoing complaints of multiple joint pain. In particular there are complaints of numbness and tingling in the hands and wrists as well as bilateral knee pain. The physical examination demonstrated ambulation with the use of a cane. There was decreased sensation at the volar aspect of all 10 fingers and diffuse wrist tenderness. There was tenderness along the paravertebral muscles of the cervical spine and trapezius. Nerve conduction studies were recommended. Diagnostic nerve conduction studies have shown a mild right ulnar nerve neuropathy at the elbow and very mild bilateral carpal tunnel syndrome. A request had been made for home health assistance for eight hours per week and was not certified in the pre-authorization process on December 31, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health assistance (8 hours a week): Upheld

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

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

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines home health services are only indicated for those individuals who are homebound on at least a part-time or intermittent basis. Furthermore this assistance does not include homemaker services such as shopping, cleaning, laundry, and personal care given by home health aides. There is no information in the attached medical record that the injured employee requires such home healthcare services nor is there any reference to her being homebound. For these reasons this request for home health assistance for eight hours per week is not medically necessary.