

Case Number:	CM14-0007035		
Date Assigned:	02/07/2014	Date of Injury:	04/28/1988
Decision Date:	06/20/2014	UR Denial Date:	01/13/2014
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 Family Practice and is licensed to practice in New Jersey. 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 worker is a 61 year old female who injured her neck on 4/28/1988. She was since diagnosed with cervical disc disease with radiculopathy, and chronic pain. She also has the diagnosis of multiple sclerosis. Over the years, the worker had been treated with Non-Steroidal Anti-Inflammatory Drugs (NSAID), opioids, muscle relaxants, gabapentin, Valium, Cymbalta, exercise, and pain medication injections. The oral medications had been reportedly helping the worker with her daily activities and allow her to get out of bed and even do light work in the garden. On 12/06/13, the worker reported, to her treating physician, neck pain with neck muscle spasm and radiation of symptoms to shoulders and upper back, rated at an 8/10. She reported to her treating physician on that date that she was experiencing difficulty with driving, working in the garden, doing her hair, bathing, and nail preparation due to her pain. Also stated in the progress note from 12/6/13 is that the worker had already been receiving wound care once a month at the wound care clinic and home wound care three times a week for the prior 9 months related to a burn injury of her left forearm she incurred that later became infected and led to amputation of her left first and second fingers. Examination revealed tenderness and spasm of neck and upper back muscles as well as decreased range of motion of the neck. Also, sensation of her hands was decreased in both of her hands. The treating physician then requested home health visits for daily living activity help related to her neck pain. She also was given a Demerol injection and was advised to continue her oral medications and exercises at home.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH CARE: 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: The MTUS Guidelines for Chronic Pain state that home health services be recommended only for 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. The MTUS also clarifies that 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 the case of this worker, the treating physician recommended home health care for the documented purpose of doing daily living activities, not direct medical care, and no evidence of a need for home medical care was seen in the documents provided besides the home wound care she was already receiving for her left arm. Also no duration of time or frequency was noted in the request. Therefore, the home health care is not medically necessary.