

Case Number:	CM14-0007864		
Date Assigned:	02/07/2014	Date of Injury:	03/07/2006
Decision Date:	06/23/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/17/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 a 64-year-old male who has submitted a claim for cervical stenosis with myelopathy associated with an industrial injury date of March 7, 2006. Medical records from 2013 were reviewed. The patient complained of persistent neck pain. Physical examination showed diffused tenderness over the cervical paraspinal and trapezius muscles; restricted cervical range of motion at flexion, extension, left and right lateral bending, and left and right rotation of 10 degrees; right triceps, biceps, and brachioradialis reflexes of 0; and atrophy of bilateral biceps, triceps, forearms, and hand intrinsic muscles. Treatment to date has included NSAIDs, opioids, anticonvulsants, antidepressants, topical analgesics, muscle relaxants, home exercise programs, acupuncture, physical therapy, and surgery (6/8/06). The utilization review from January 5, 2014 denied the request for unknown homecare giver to assist with activities of daily living due to lack of documentation that the patient was home bound and the request is not considered a necessary treatment for the patient's injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

UNKNOWN HOME CARE GIVER TO ASSIST WITH ACTIVITIES OF DAILY LIVING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefits Manual, Chapter 7, Home Health Services Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CHRONIC PAIN MEDICAL TREATMENT GUIDELINES 2009, 9792.24.2 Page(s): 51.

Decision rationale: According to page 51 of the CA MTUS Chronic Pain Medical Treatment Guidelines, home health services are recommended only for otherwise recommended medical treatment for patients who are homebound and on a part-time or "intermittent" basis. 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, the request was made to help the patient complete activities of daily living including preparing meals, getting dressed, bathing, and driving. However, recent progress notes reported absence of neck pain and physical examination findings failed to substantiate that the patient is truly homebound. There were no detailed reports as to the patient's current functional status, restrictions, and abilities. Furthermore, preparing meals, bathing, dressing, and driving are not considered part of medical treatment. Therefore, the request for unknown home care giver to assist with activities of daily living is not medically necessary.