

Case Number:	CM14-0012112		
Date Assigned:	02/21/2014	Date of Injury:	02/28/2013
Decision Date:	07/21/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/30/2014

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:

Patient is a 34-year-old male who has submitted a claim for cervical spine disc syndrome, bilateral shoulder rotator cuff syndrome, bilateral shoulder sprain / strain, lumbar spine disc syndrome, low back syndrome, bilateral knee sprain / strain, rule out internal derangement, bilateral knee osteoarthritis, bilateral knee meniscal tear, and headaches associated with an industrial injury date of 02/28/2013. Medical records from 2013 to 2014 were reviewed. Patient complained of pain at the neck, bilateral shoulder, left knee, and low back, graded 7-8 / 10 in severity. This resulted to difficulty in performing activities of daily living. Range of motion of bilateral wrists was restricted. Phalen's and Tinel's tests were positive bilaterally. Physical examination of the lumbar spine showed muscle spasm and limited range of motion. Valsalva and Kemp's test were positive bilaterally. Braggard's test was positive on the left. Range of motion of both knees was restricted, with positive McMurray test at left. Motor strength at right lower extremity was graded 5-/5; while 4/5 at left lower extremity. Sensation was diminished at L5-S1 dermatomes, left. Patient utilized a single-point cane during ambulation. Limping at left lower extremity was noted. MRI of the cervical spine, dated 07/16/2013, showed disc desiccation at C2-C3 down to C6-C7. Multi-level broad-based posterior disc herniation at C4-C5, C5-C6, and C6-C7 were noted, which causes stenosis of the spinal canal and of bilateral neural foramen that contact the bilateral C5, C6, and C7 exiting nerve roots. Treatment to date has included left knee corticosteroid injection, use of a left knee brace, use of a lumbar brace, and medications. Utilization review from 01/09/2014 denied the request for home health aid 3 hours per day, 5 days per week, for 3 months, (total of 60 visits) because there was no evidence that patient is homebound.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH AID 3 HOURS PER DAY, 5 DAYS PER WEEK, FOR 3 MONTHS, (TOTAL OF 60 VISITS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Home Health Services 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 complaining of persistent pain at multiple body parts: neck, bilateral shoulder, left knee, and low back. This resulted to difficulty in performing activities of daily living. However, as recommended by the guidelines stated above, home health services should not include personal care and homemaker services. There is no clear indication in the medical records provided that the patient has a need of professional nursing services for the purposes of home health. Therefore, the request for HOME HEALTH AID 3 HOURS PER DAY, 5 DAYS PER WEEK, FOR 3 MONTHS, (TOTAL OF 60 VISITS) is not medically necessary.