

Case Number:	CM14-0012207		
Date Assigned:	05/14/2014	Date of Injury:	07/06/2006
Decision Date:	07/10/2014	UR Denial Date:	01/13/2014
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 Physical Medicine & 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 injured worker is a 57-year-old female injured July 2006. The mechanism of injury is not specified. A November, 2009 note indicates the injury involved the distal right upper extremity alone and no other parameters. A chronic pain syndrome and a carpal tunnel syndrome are also noted. The progress notes indicate the injured worker continues "to do poorly." It is noted that transportation services are being rendered as is home health care for this individual with upper extremity chronic pain syndrome. The objective findings are "unchanged." and there is diffuse lumbar tenderness. The diagnosis list notes a sleep disturbance, gastritis, adhesive capsulitis, depressive disorder, carpal tunnel release and a right inguinal hernia repair associated with a major depressive disorder. Multiple medications are prescribed. The previous progress note noted the multiple degenerative changes and the injured employee is in off work status.

IMR ISSUES, DECISIONS AND RATIONALES

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

NON-SKILLED HOME CARE ASSISTANCE 4 HOURS/DAY TIMES 7 DAYS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 91. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

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

Decision rationale: The California MTUS Guideline states such an intervention is only recommended when medical treatment is required for individuals who are homebound. This care is not to include personal services such as shopping, cleaning, laundry or personal care. There is no indication of the need for any home health based on the injury sustained and current treatment. The progress note indicates that non-clinical home health services are being offered. The request is not medically necessary.