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| Case Number: | CM14-0013171 | | |
| Date Assigned: | 02/24/2014 | Date of Injury: | 12/16/2009 |
| Decision Date: | 08/12/2014 | UR Denial Date: | 01/27/2014 |
| Priority: | Standard | Application Received: | 02/03/2014 |

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:

This is a 60-year-old patient with a December 16, 2009 date of injury. A March 11, 2014 medical legal report indicates that the patient is diagnosed with cervical spine sprain and strain with bilateral upper radiculopathy, status post right shoulder arthroscopy with Mumford procedure on May 13, 2011, thoracic outlet syndrome, right medial epicondylitis, and hypertension. The patient presented on October 18, 2013 secondary to worsening cervical spine and bilateral extremity pain symptoms. The patient also complained of difficulty with repetitive motion or prolonged head and neck positioning. There was constant numbness and tingling in bilateral upper extremities with paresthesia. The patient has difficulty doing her hair, dressing, cooking and cleaning. Physical exam demonstrates cervical tenderness and spasm, limited cervical range of motion, positive shoulder depression and impingement test, limited right shoulder range of motion, decreased sensation of the right C5 dermatome, right upper extremity weakness. The patient continued to be in need of transportation to and from all doctors appointments, home health care assistance due to severe upper extremity complaints. The patient returned for follow-up on December 19, 2013, complaining of worsening bilateral upper extremity pain with associated numbness and tingling. The patient reported dropping of objects. The most recent presentation dates to January 9, 2014 with ongoing neck pain and stiffness, right upper extremity pain radiating down her right arm. She has increased her Norco to two times per day. There are ongoing headaches. Muscle strength was graded to be 4/5. Discussion identifies that the requested home health care assistance would be the one who would perform activities of daily living at home, allowing the patient to have periods of rest and with minimal exertion in doing such activities. There is documentation of a previous January 27, 2014 adverse determination because the services requested were not medical in nature and because the patient was not homebound.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home care assistance, six daily, three days weekly, for six weeks: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines states that home health services are recommended only for otherwise 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. However, there is no evidence that the patient is homebound or would require medical care rendered in a home setting. However, the patient does not require medical treatment to be rendered at home. While it is acknowledged that the patient has impaired upper extremity function that interferes with ADL's (activities of daily living), the Chronic Pain Medical Treatment Guidelines is very specific in 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; yet, this is exactly the type of care requested by the requesting provider. Therefore, the request for home care assistance, six daily, three days weekly, for six weeks, is not medically necessary or appropriate.