MAXIMUS Federal Services

Case Number:	CM14-0110196		
Date Assigned:	08/01/2014	Date of Injury:	01/30/2001
Decision Date:	09/03/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/14/2014

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 Orthopedic Surgery 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 48-year-old female who sustained a vocational injury on 01/30/01 working as an office assistant. The records provided for review document that the claimant underwent shoulder arthroscopy on 10/11/02 for a Mumford procedure and was diagnosed with postoperative development of complex regional pain syndrome on the right. The claimant was noted to have a negative nerve conduction velocity study from 2012. The claimant's additional working diagnoses include left shoulder strain secondary to compensatory overuse with associated early development of complex regional pain syndrome, negative nerve conduction velocity study from 2012, cervicothoracic strain with right upper extremity radiculitis and 2 millimeter disc bulges from C4 through C7 with central canal and neuroforaminal stenosis, psychiatric complaints, headaches, and neurologic complaints/tremors. The office note dated 04/11/14 noted continued complaints of pain that was provoked with any turning/twisting. Examination revealed allodynia along C3 through C8 dermatomes of the bilateral upper extremities; she declined pinwheel, spinal muscle spasm, decreased cervical range of motion, 4/5 muscle weakness with pain and allodynia in the bilateral upper extremities, and biceps, triceps and brachioradialis were 1+ bilaterally. Examination of bilateral shoulders revealed well healed portal scars on the right with allodynia with palpation, decreased range of motion and Jamar dynamometer grip strength measured 1/1/1 on the right and 0/0/0 on the left. This request is for home health services seven days a week eight hours a day for 16 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Services 7 days per week, 8 hours per day for 16 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: California MTUS Chronic Pain Guidelines recommend that home health services are considered medically reasonable only if the claimants are homebound. Currently, there is no documentation to support that the claimant is completely homebound. Documentation suggests that the claimant is having difficulty with activities of daily living of which home health services are not considered medically necessary. Therefore, based on the documentation presented for review and in accordance with California MTUS Chronic Pain Guidelines, the request for the home health services seven days a week, eight hours a day for 16 weeks cannot be considered medically reasonable.