

Case Number:	CM14-0113430		
Date Assigned:	08/01/2014	Date of Injury:	07/25/1997
Decision Date:	09/10/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/21/2014

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 Illinois. 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 63-year-old female who reported an injury on 07/25/1997. Her mechanism of injury was not documented in the submitted report. The injured worker has diagnoses of chronic pain state, involving the bilateral upper and lower extremities, neck and upper and lower back regions, type II diabetes, hypertension, sleep disorder mainly due to pain and apparent osteoporosis and/or osteopenia. The injured worker's past medical treatment includes chiropractic therapy, the use of a TENS machine, a knee brace, a home exercise program and medication therapy. The diagnostics the injured worker has undergone include MRI's of the right hip and x-rays. The injured worker complained of neck pain and stiffness. There was no measurable level of pain documented in the submitted report. The report submitted for review did not contain any objective physical exam findings on the injured worker. The injured worker's medications include Butrans 5 mcg/hour every day, alendronate, levothyroxine, Lisinopril 20 mg, 2 tablets daily, HCTZ 12.5 mg, 1 tablet daily, metformin 500 mg, 2 tablets daily, zolpidem 12.5 mg, 1 tablet before bed, tramadol 50 mg, 1 tablet every 6 to 8 hours just as needed, Percocet 10/325 mg, 2 tablets daily, dipheny and xopeney HFN inhaler. The treatment plan is for the injured worker to continue medication therapy and home exercise program. There is no rationale as to why the request is needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for 1 Home Health Care Assistance (Frequency and Duration Not Specified) to Help With Medications, Mobilization, TENS Unit Application, and Massage for Chronic

Pain of the bilateral Upper Extremities, Lower Extremities, Neck, Upper and Lower Back.:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Work Loss Data Institute, LLC; Corpus Christi, TX.

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

Decision rationale: The CA MTUS recommend home health services only for medical treatment for patients who are home-bound, on a part-time or intermittent basis, 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. The submitted report had no evidence or description of the injured worker's functional level and why the injured worker required home health care service. The submitted report also lacked any pertinent objective physical findings on the injured worker. The submitted progress report dated 07/17/2014 revealed that the injured worker was alert, well oriented, grossly normal. There was no evidence suggesting that the injured worker would need the use of a home health care service. Furthermore, the submitted request lacked a frequency and duration for service. As such, the request for 1 home health care assistance is not medically necessary.