

Case Number:	CM14-0113599		
Date Assigned:	08/01/2014	Date of Injury:	08/01/2006
Decision Date:	09/23/2014	UR Denial Date:	07/16/2014
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 and 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 56-year-old female who reported an injury on 08/01/2006. The mechanism of injury was not provided within the medical records. The clinical note dated 08/08/2014 indicated diagnoses of status post open and subsequent arthroscopic rotator cuff repair of the right shoulder x3 with residuals, cervical spine sprain/strain disc lesion with positive MRI scan, status post open rotator cuff repair x2 of the left shoulder, cubital tunnel syndrome and ulnar neuropathy, right elbow, positive NCV test, tendinitis and carpal tunnel syndrome right and left wrist and hand, lumbar spine sprain/strain disc lesion with herniated lumbar disc with radiculitis/radiculopathy status post laminectomy/discectomy at L1 and possible L2 levels, thoracic spine sprain/strain disc lesion with radiculitis/radiculopathy, left elbow status post medial epicondylectomy with ulnar nerve transposition with residual loss of strength, anxiety depressive illness with impairment of normal lifestyle, and intermittent insomnia sleep disorder. The injured worker reported bilateral shoulder and arm pain, and low back and leg pain described as persistent, increased with numbness and tingling with decreased grip strength at the right elbow and the right hand. Upon physical examination, the injured worker had a positive Tinel's at the medial epicondyle area, revealing presence of cubital tunnel syndrome. There was also positive Tinel's at the wrist level for carpal tunnel syndrome, with positive Phalen's test. The injured worker's treatment plan included carpal tunnel release for the left hand, refill of prescriptions, and return to the clinic on as needed basis. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included Norco, Prilosec, Flexeril, Lunesta, Lidoderm patch, and Cymbalta. The provider submitted a request for home health aide. A Request for Authorization dated 06/30/2014 was submitted; however, rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Aide (6) hours per day times (7) days per week times (12) weeks= 504 hours:
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: The request for Home Health Aide (6) hours per day times (7) days per week times (12) weeks= 504 hours is not medically necessary. The CA MTUS guidelines recommend home health services 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. 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. There is lack of evidence of the injured worker being home bound or attending any type of rehabilitation program, such as physical therapy. In addition, homemaker services like shopping, dressing, and bathing are not included in medical treatment. Additionally, the provider did not indicate a rationale for the request. Furthermore, 504 hours is excessive. Therefore, the request for Home Health Aide (6) hours per day times (7) days per week times (12) weeks= 504 hours is not medically necessary.