

Case Number:	CM14-0118285		
Date Assigned:	08/06/2014	Date of Injury:	02/18/2009
Decision Date:	11/05/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/28/2014

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 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:

The injured worker is a 49-year-old female who reported an injury on 02/18/2009. The mechanism of injury was not provided. On 06/03/2014, the injured worker presented with complaints of moderate to severe low back, neck, and shoulder pain. Upon examination of the cervical spine, there was positive tenderness over the paracervical musculature, and muscle spasm noted. There was an antalgic gait. Examination of the thoracic spine revealed positive tenderness to palpation over the paralumbar musculature. There was spasm noted and diminished sensation to the L4 nerve root distribution in the bilateral lower extremities. Range of motion of the right shoulder revealed positive Neer's and Hawkins tests with AC joint line tenderness and a positive AC joint compression. Examination of the left shoulder revealed a positive Hawkins and positive O'Brien's test with tenderness over the tumerocity. There was positive AC joint tenderness and AC joint compression test. The diagnoses were status post right carpal tunnel release, left carpal tunnel syndrome, low back pain, radiculopathy in the bilateral lower extremities, left hip greater trochanter bursitis, cervical strain, bilateral medial epicondylitis, depression, anxiety, gastritis and nausea. The prior therapy included medications and surgery. The provider recommended additional home health care; the provider notes that the injured worker required assistance with carrying, washing and cleaning. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Home Care: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Home Health Services

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

Decision rationale: The request for Continued Home Care is not medically necessary. The California MTUS states that home health services only for injured worker who are home bound on a part time or limited basis. It is generally recommended for no more than 35 hours a week. Medical treatment does not include homemaker services like shopping, cleaning, laundry, and personal care given by home health aides like bathing, dressing, and using the restroom when this is the only care needed. The provider recommended home health care services due to the injured worker's inability to clean, carry, and wash. The guidelines do not recommend homemaker services such as these, home health care is only recommended for medical treatment needed. There is lack of documentation that the injured worker is home-bound on a part time or limited basis. Additionally, the provider's request does not indicate the amount of hours or the frequency of the visits in the request as submitted. Based on all of the above, medical necessity has not been established.