

Case Number:	CM14-0152419		
Date Assigned:	09/22/2014	Date of Injury:	04/29/2008
Decision Date:	10/21/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/18/2014

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:

Patient is a 48-year-old male who has submitted a claim for SLAP tear and partial supraspinatus tendon tear, status post right shoulder arthroscopy (May 2011); right elbow olecranon bursitis; cervical spine musculoligamentous sprain/strain with right upper extremity radiculitis with multilevel disc bulges/stenosis and disc protrusion at C3-4, C4-5, C5-6 and C6-7; Lumbar spine musculoligamentous sprain/strain with bilateral lower extremity radiculitis with bulge at L4-5; complex regional pain syndrome to the right upper and lower extremity; status post left knee arthroscopy (August 2009); Left shoulder impingement and acromioclavicular degenerative joint disease; left ankle sprain; history of right fifth finger fracture; and, complaint of stress, associated with an industrial injury date of 04/29/08. Medical records from 2013 to 2014 were reviewed. Patient apparently sustained an injury while working when a vehicle he was riding on got rear-ended by a tractor, which caused him to have neck and right upper extremity pain. Patient had subsequent work-ups and management. There was however persistence of pain symptoms and inability to perform his ADLs comfortably. Patient have had an epidural spinal cord stimulator electrode implants (August 2013) and had home health services for 2 weeks after the procedure to help him in taking care of his daughters. There was noted improvement in the pain; however, the stimulator did not totally alleviate his pain. 07/31/14 progress report states that patient had continued right shoulder pain with hypersensitivity and guarding as well as swelling and skin color changes in his right upper extremity. He also complained of continuous low back and lower extremity pain, greater at the right than left. He notes that his condition remained the same since the last examination, with pain graded at 8/10 described as a severe, constant dull, sharp ache with numbness and weakness. Physical examination revealed tenderness at the cervical spine with spasms and restricted ROM, trigger points noted at the right upper trapezius and levator scapulae muscles, with pain noted to radiate to the suboccipital region. Examination of the right

shoulder showed guarding and limited ROM due to pain. Plan was to do a trigger point steroid injection, use of a Neoprene brace and to continue medications. Treatment to date has included ESI, spinal cord stimulator, home exercises, home health care and medications (Tylenol, Flexeril, Neurontin and Trazodone). Utilization review date of 08/19/14 denied the request for home health services because there was no indication for patient to receive such management as well as no note that the patient is homebound and have documented needs for specific care services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care 4-6 hrs daily 7 days per week(hours) qty: 42: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Worker's Compensation 2012 Work Loss Data Institute Home Health Services

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

Decision rationale: According to page 51 of the CA MTUS Chronic Pain Medical Treatment Guidelines, 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. 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. In this case, patient has had documentation of receiving home health care on 06/07/13 for 2 weeks following the implantation of his spinal cord stimulator. Current request for home health care was for patient's persistent pain at right upper extremity and right lower extremity. However, the records failed to show for what activities the patient requires a home health service for. Records also do not provide documentation of the patient's current abilities, physical and functional status as well as functional restrictions. Also, home health care is recommended for intermittent basis only and the requested duration of 42 hours exceeds the recommendation of the guideline. Therefore, the request for Home health care 4-6 hrs daily 7 days per week qty: 42(hours) is not medically necessary.