

Case Number:	CM14-0152690		
Date Assigned:	09/22/2014	Date of Injury:	01/10/2009
Decision Date:	11/13/2014	UR Denial Date:	08/23/2014
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:

CLINICAL SUMMARY: The applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain, elbow pain, chronic regional pain syndrome, and major depressive disorder reportedly associated with an industrial injury of January 10, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; anxiolytic medications; transfer of care to and from various providers in various specialties; and opioid therapy. In a Utilization Review Report dated August 20, 2014, the claims administrator denied a request for home health services. The claims administrator did cite the misnumbered "page 84" of the MTUS Chronic Pain Medical Treatment Guidelines. The applicant's attorney subsequently appealed. In a May 28, 2014 progress note, the applicant reported persistent complaints of upper extremity pain, numbness, and paresthesias. The applicant's medication list includes Klonopin, Zofran, Abilify, Lidoderm, Cymbalta, Hydrocodone, it was acknowledged, as of that point in time. The applicant did have an indwelling spinal cord stimulator, it was acknowledged. Norco was apparently renewed. The applicant was deemed permanently disable, the attending provider acknowledged. In an April 30, 2014 progress note, it was again noted that the applicant had been deemed permanently disabled. On August 6, 2014, the attending provider sought authorization for home health care three days week for six months to assist the applicant perform activities of daily living on the grounds that she is having difficulty performing the same herself owing to 9/10 pain complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Care 3 days a week for 6 months for left shoulder.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Care Page(s): 84.

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

Decision rationale: The attending provider indicated in his August 6, 2014 progress note, referenced above that the home health services being sought did, in fact, represent assistance with activities of daily living, including cooking, cleaning, other household chores, etc. Such services, however, are specifically not covered on a stand-alone basis, page 51 of the MTUS Chronic Pain Medical Treatment Guidelines notes, as they do not constitute medical treatment. Therefore, the request is not medically necessary.