

Case Number:	CM14-0174742		
Date Assigned:	10/28/2014	Date of Injury:	10/30/1996
Decision Date:	12/04/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/22/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 provider's report was illegible; therefore the report was essentially taken from the utilization review documents. The injured worker is a 46 year old female who was injured at work on 10/30/1996. The injured worker is reported to be complaining of severe burning pain in the neck, shoulders and arms; spasms of muscles of the shoulders. The worker has been diagnosed of cervical, right shoulder Methicillin-resistant Staphylococcus aureus (MRSA) infection secondary to cervical surgery in 2002; cervical and thoracic radiculitis. Treatments have included Percocet, voltaren gel, and flexeril. At dispute is the request for Home care 6-8 hours per day, 3 days per week qty: 4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home care 6-8 hours per day, 3 days per week qty: 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The injured worker sustained a work related injury on 10/30/1996. The medical records provided indicate the diagnosis diagnosed of cervical, right shoulder MRSA

infection secondary to cervical surgery in 2002; cervical and thoracic radiculitis. Treatments have included Percocet, voltaren gel, flexeril. The medical records provided for review do not indicate a medical necessity for Home care 6-8 hours per day, 3 days per week qty: 4. The MTUS does not recommend home health services as an isolated item. It is only recommended for otherwise recommended medical treatment for patients who are homebound; it 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.