

Case Number:	CM14-0183158		
Date Assigned:	11/10/2014	Date of Injury:	11/06/2002
Decision Date:	12/26/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/04/2014

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 Family Medicine, and is licensed to practice in North Carolina. 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 patient is a 57-year-old with a reported date of injury of 2/12/2003 through 2/04/2004. The patient has the diagnoses of cervical myofascial pain and chronic pain syndrome. Per the progress notes provided for review from the primary treating physician dated 06/05/2014, the patient had complaints of acute exacerbation of neck and right shoulder pain. The physical exam noted tenderness in the posterior cervical and bilateral trapezius muscles and mild decreased range of motion. Treatment plan recommendations included topical analgesics, oral analgesics and home health care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Housekeeping assistance 8 hours per week: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Home Health Services

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

Decision rationale: The California Chronic Pain Medical Treatment Guidelines on home health services states: Home health services: 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. Home health services recommended per the California MTUS do not include homemaker services such as housekeeping. Therefore the request is not medically necessary.

Home healthcare assistance 4 hours per day / 7 days per week: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Home Health Services

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines home healthcare Page(s): 51.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines on home health services states: Home health services: 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. There is no indication in the provided documentation on why this patient is home bound. The physical exam did not specify any gross or disabling findings, which would render an individual home bound on either a permanent or intermittent basis. Therefore the request is not medically necessary.