

Case Number:	CM14-0024912		
Date Assigned:	06/11/2014	Date of Injury:	12/13/1996
Decision Date:	07/15/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/27/2014

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 Neurological Surgery 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 57-year-old female who was reportedly injured on December 13, 1996. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated May 28, 2014, indicated there were ongoing complaints of neck pain radiating to the upper extremities, low back pain radiating to the lower extremities and bilateral knee pain. Current medications were stated to include methotrexate, and Remacid. The physical examination demonstrated myofascial trigger points along the lumbar paraspinal muscles. There was pain with lumbar spine flexion and extension. There was also tenderness in the right upper extremity although it is not stated where and tenderness in the right knee. A right wrist splint was reported to be worn. Diagnostic imaging studies objectified degenerative disc disease at the L4-L5 and L5-S1 levels. There was a diagnosis of cervical radiculopathy, lumbar radiculopathy, right knee pain, bilateral knee osteoarthritis, rheumatoid arthritis, depression, hypertension and chronic pain. The treatment plan included neurological follow-ups, physical therapy for the right upper extremity, Cymbalta, Fentanyl patches, Neurontin, Percocet, Robaxin, Senokot and Voltaren gel. A request was made for continued home care and was not certified in the pre-authorization.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUE HOME CARE ASSISTANCE, 4 HOURS PER DAY X 7 DAYS A WEEK:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, HOME HEALTH SERVICES Page(s): 51.

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines only support home health services for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. The attached medical record indicated that although the injured employee complained of neck pain and back pains, there is no statement in the medical record that they are homebound and in need of home healthcare assistance. Without specific justification for the need of home healthcare services, this request is not medically necessary.