

Case Number:	CM14-0025711		
Date Assigned:	06/13/2014	Date of Injury:	09/24/2001
Decision Date:	07/18/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	02/28/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Maryland. 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 60 year old female with a date of injury 9/24/01. Her diagnoses include post cervical laminectomy syndrome, cervical degenerative disc disease, cervical spondylosis, adhesive capsulitis of the shoulder, sleep disorder, headache, depression, constipation, myofasciitis, occipital neuralgia. Under consideration is a request for 12 month of in-home care (35-40 hours per month) between 2/13/14 and 2/13/2015. The patient has multiple complaints of chronic pain including her neck, shoulders, hands, wrists, and elbows. Her treatment history has included left carpal tunnel release in 2/2002, right arthroscopic carpal tunnel release in 6/2002, right shoulder rotator cuff repair in 1/2003, right elbow ulnar release and fasciotomy / debridement in 4/2003, C5-6 ACDF in 2/2004, right shoulder arthroscopy in 1/2005, and right shoulder arthroscopic rotator cuff repair in 3/2010. Additionally the patient underwent explanation of C5-6 anterior fixation plate and combined C4-5 and C6-7 anterior discectomy and artificial disc replacement on 4/26/13. The documentation reveals that the patient has had in-home housekeeping assistance from 9/1/13 to 11/30/13. There is a 2/5/14 document that states that the patient had a follow up psychotherapy session with complaints of worsening depression. She reported that she had suicidal ideations because she is forced to do tasks that she is not capable of doing with her industrial injury and her orthopedic restrictions. Treatment recommendations made during this visit included continued medication use, pain management, and bi-weekly individual sessions. It was also stated that the patient "is in urgent need of in-home care taking for the immediate period of her postoperative course since her limit is 2 to 5 lbs, and her opposite hand is of limited use." On exam she has decreased cervical range of motion. Upper extremity joints have decreased ROM in the right shoulder. The patient has full range of motion of the left shoulder. There is decreased sensation to light touch in the left medial hand and finger tips. The right triceps 4/5, biceps 3/5, wrist extension 4/5, hand intrinsic

4/5, grip 4/5, left triceps 4/5, biceps 5/5, wrist extension 5/5, hand intrinsic 5/5, grip strength 5/5. The document states that the patient has right arm/ shoulder limitations that impair her ability to do upper extremity tasks. She also has activity restrictions for her orthopedic surgeon. She lives alone. The document states that she needs home assistance for household duties. She requires a house keeping assistant to perform duties such as laundry, dishes, shopping, house cleanmg, grocery shopping assistance-about 35 hours/month. The patient has required this assistance since March of 2010.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 MONTH OF IN-HOME CARE (35-40 HOURS PER MONTH) BETWEEN 2/13/2014 AND 2/13/2015: 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 documentation is not clear on the medical treatment required for this patient. The MTUS Chronic Pain Guidelines states that home health services are recommended on a part time or "intermittent" basis, generally up to no more than 35 hours per week. The MTUS Chronic Pain Guidelines states that 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. As such, the request is not medically necessary and appropriate.